

**A OBSERVATIONAL STUDY ON STANDARDIZATION
OF SIDDHA DIAGNOSTIC TOOLS OF
PATCHAVATHAM [HEMIPLEGIA]
INCLUDING LINE OF TREATMENT AND DIETARY
REGIMEN**

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Submitted to
THE TAMILNADU DR. MGR MEDICAL UNIVERSITY

*In partial fulfillment of the requirements
For the award of the degree of*
**SIDDHA MARUTHUVA PERARIGNAR
DOCTOR OF MEDICINE (SIDDHA)
BRANCH V – NOI NAADAL**



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OCTOBER 2017

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DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation entitled **“A Observational Study on Standardization of Siddha Diagnostic Tools of Patchavatham [Hemiplegia] including line of treatment and dietary regimen”** by me under the guidance of **Dr.S.K.Sasi M.D(S) Asso.Professor** Post Graduate department of **Noi Naadal** Govt. Siddha Medical College, Arumbakkam, Chennai-106 and the dissertation has not formed the basis of the award of any degree, Diploma, Fellowship or other similar title.

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DECLARATION BY THE GUIDE

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**ENDORSEMENT BY THE HOD, PRINCIPAL/ HEAD OF THE
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This is to certify that the dissertation entitled **A observational study on standardization of Siddha Diagnostic Tools of Patchavatham [Hemiplegia] including line of treatment and dietary regimen** is a bonafide work carried out by **Dr.S.Esaivani** under the guidance of **Dr.S.K.Sasi M.D(S) Asso.Professor** Post graduate department of Noi Naadal Govt. Siddha Medical College, Arumbakkam, Chennai-106.

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ACKNOWLEDGEMENT

First and foremost I would like to thank the Almighty siddhars for his showers and grace and the strength and caliber. He gave in handling and understanding the difficulties during the tenure of this work and enabled to complete this tough task.

I wish to thank the **Additional Chief Secretary and Commissioner of Indian Medicine and Homeopathy Department**, Arumbakkam, Chennai-106, for giving consent to do the dissertation.

I would like to thank the **Vice Chancellor, The Tamilnadu Dr.MGR Medical University**, Guindy, Chennai for giving permission to carry out this dissertation work.

I express my sincere thanks to our Respected Principal **Dr. K. Kanakavalli M.D(S), Professor** Govt. Siddha Medical College, Chennai for her permission to perform this study and also support throughout the course of the study.

It is a genuine pleasure to express my deep sense of thanks and gratitude to my mentor and guide **Dr.S.K.Sasi M.D(S) Associate Professor; Head of the Dept. of PG Noi Naadal**, Govt Siddha medical College, Chennai, her dedication and keen interest above all her overwhelming attitude to help the students had been solely and mainly responsible for completing this work. Her timely advice, meticulous scrutiny, scholarly advice and scientific approach have helped me to a very great extent to accomplish this dissertation work.

I express my sincere thanks to **Dr.R.Neelavathy M.D(s), Ph.D., Professor, Former H.O.D Dept. Of Noi Naadal**, Arumbakkam, Chennai and presently Principal of Govt. Siddha Medical College, Palayamkottai. I started the project work with her guidance in sorting the patients identifying “Patchavatham” as my specific focus in my project was a great help.

I express my sincere thanks to **Dr.M.Manimegalai M.D (S)., Reader**, Department of Udal thathuvam., for handling op patients for my special case study.

I express my grateful thanks to **Dr.S.Shankar M.D (S), Lecturer-II** Department of Gunapadam, for handling op patients for my special case study.

I express my grateful thanks to **Dr.R.Baskar M.D (S), Lecturer –II** Department of PG Noi Naadal, for handling op patients for my special case study.

I cordially register my thanks to **Dr.V.Jasmine Ranjana M.D(S), Lecturer-II** Department of PG Noi Naadal for her valuable ideas to this dissertation and the encouragement provided for the completion of this dissertation.

I wish to thank **Dr.Sathya Rajeshwaran M.D(S),** Central Research Institute, Chennai for his valuable support during this work.

I wish to thank **R.M.O. Dr. R. Jayanthi, M.D(S) AMO.** of Arignar Anna Govt. Hospital of Indian Medicine and Homeopathy, for his valuable support during this work.

I express my thanks to **Dr.Vidhya, M.B.B.S., DMRD Radiologist** Arignar Anna Govt. Hospital of Indian Medicine and Homeopathy, for her valuable support during this study.

I am also thankful to our librarian **Mr. V. Dhandayuthapani B.Com, M.Libsc** and staffs for their kind co-operation for my study.

I dedicated this work to my Father **Mr.M.Sivakumar,** my Mother **Mrs.S.Agila** and my Brother **Dr.S.Kurinjiventhana.**

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INTRODUCTION

A OBSERVATIONAL STUDY ON SIDDHA DIAGNOSTIC TOOLS OF PATCHAVATHAM[HEMIPLEGIA] INCLUDING LINE OF TREATMENT AND DIETARY REGIMEN

1. INTRODUCTION

Siddha system of medicine is a traditional medical system that has been practiced in South India for 2000 years. Combination of ancient medicinal practitioners and spiritual disciplines as well as alchemy and mysticism.

“, ak epakNk vz z pyh Mj dk;
eaKW guhz h ahkkguj ; j pahfhuQ;
rakpF j hui z j pahdQ; rkjh p
maKWk; ml j hq; Nahf khNk”

According to Tamil tradition, initially were 18 siddhars received their knowledge from the diety shiva. Siddhars possessed ashtama siddhi, the eight great super natural powers i.e., Anima, Mahima, Karima, Lagima, praapthi, prakamiyam, vasithuvam and Easathuvam.

According to siddha system there are five elements that exist in nature i.e., Earth, Water, Fire, Air and Ether. Three elements Air, Fire and Water are emphasized in siddha medicine make up the human constitution. These three components Air, Fire and Water respectively as Vatha, Pitha and kabha are known as humours and their inharmonious interactions produce various pathological states.

Identification of causative factors is through the eight fold examinations.

1. Naadi (Pulse examination)
2. Naa (Tongue examination)
3. Niram (Colour examination)
4. Mozhi (Voice examination)
5. Vizhi (Eyes examination)

6. Sparism (Sensory examination)

7. Malam (Stool examination)

8. Siruneer (Urine examination)

Neerkuri, Neikuri(oil spread examination)

“nka;f;Fwp epwk; nj hdp tpeh , Ukyk;

i ff;Fwp’

--Nj i uah;

By this methodology it is used to diagnose and prognostic purposes. It is done by five organs, five senses and questioning.

Increased in vatha humours causes inability to use one side of the body and loss of speech as described in siddha text “Yugi Vaithiya Chindamani” as **Patchavatham.**

Patchvatham was classified under 84 types of vatha diseases. It is attributed to factors food that increases vatha, alcoholic beverages and excessive rage. The vatha humour is increased in association with pitham or kabam it stimulates keezh nokku kal, mel nokku kal, paravu kal and nadukal give rise to patchvatham.

Patchavatham may be correlated as Hemiplegia in modern diagnosis. The prevalence in India is 150- 160 in one lakh people. The male and female ratio is 60:40%.

The author explains the line of treatment and dietary regimen by considering the factors Naadi, Thega ilakanam and climatic changes. After diagnosis the line of treatment framed by basic principles.

- Viresanam – Vatham thalum
- Vamanam –pitham thalum
- Nasiyam – kabam thalum

Thirumoolar said that food is medicine.

“c l kghuopad; c apuhopt h;
j pl kgl nka,Qhdk; NruT khl ;l hh;
c l ki g tshf;Fk; c ghak; mwpeNj
c l ki g tshj Nj d; c aþ; tshNj Nd”

The food habits are based on six tastes. The six tastes are formed by different combination of five boothas. The life forces of vatham, pitham and kabam are also formed by different combinations of three boothas.

- Vatham - Vayu + Aagayam
- Pitham - Thee
- Kabam - Man + Neer

By taking food on the basis of six tastes, the three humors vatham, pitham and kabam can be brought to their normal state. This is why siddhars said that food is medicine.

The study was carried out to validate the eight fold examination of Patchavatham.

The outcome of the study will be greatly helpful to medical practioers for diagnosing the disease “**Patchvatham**”

***AIMS AND
OBJECTIVES***

2. AIMS AND OBJECTIVES

AIM

To evaluate *Naadi, Naa, Mozhi, Neerkuri, Neikuri* and Manikadainool in patients of **Patchavatham**.

OBJECTIVES

PRIMARY OBJECTIVE

To elucidate Siddha diagnostic tools causes and clinical methods of Patchavatham.

SECONDARY OBJECTIVE

To analyse the line of treatment for Patchavatham.

To recommend the dietary regimen for Patchavatham

***REVIEW OF SIDDHA
LITERATURE***

3. REVIEW OF LITERATURE

SIDDHA ASPECT

3.1 PATCHAVATHAM

xUGwk; eukgpOj;J c l kgpdy; thj kgwwp rgj jæk; ngUfp gyk;
Fi wej pUfFk; gf;fk; eukG nrj;J f; fpl f;f nraANkhh; thj k; , j dhy;
i ffhy;fs; nrj j hw; Nghy; NrhheJ c z hrrpadwp kaph;f;\$rrk; j pkhgGk;
c z l hk; rpy rkak; thaNfhz p eh; t l pAk;

T.V.Sambasivam pillai vol V pg.no.104

VERU PEYARGAL

- Paarisavatham
- Patcha padhaga vatham
- Patcha paata vatham
- Pakka vaayu

1. PAARISAVATHAM

Paralysis of one side of the body.

T.V.Sambasivam pillaivol V pg.no 11

2. PATCHA PADHAGA VATHAM, PATCHA PAATA VATHAM

A kind of paralysis marked by loss of sensation and function of the tongue and face and the limbs due to the concerted of wind and phlegm humours.

T.V.Sambasivam pillaivol V pg.no 102

3. PAKKA VAAYU

Loss of sensation of an either side of body due to the deranged condition of vayu prevalling on the side with hemianasthesia.

T.V.Sambasivam pillai vol V pg.no 11

According to **yugi vaithiya chindamani**

1. gl r thj k;

“j hdhd fhyNfhz p nrj j hw; Nghyj;
j hf;fh d j i uj dNy el fnfhz hJ
fhhdhd i ffnshdWk; gbnfhl hJ
fdkhd Tz hrrpawp; i ffsNrhUK;
khdhd kaph\$rrRe; j kphGz l hk;
thaj hZ k; Nfhz pNa j z z h; tpOk;
Ngdhd ggj j k; NghyodW fhZ k’
gwpT gl r thj j j pd; nghwwpahNK”

gl r thj j j py fhyNfhz p , wej hwNghyhfp j i uay; el ff KbahJ
i ffhyfs; gbf;f KbahJ. Cz hrrpawp i ffs; NrhheJ NghFk;
kaph\$rrKk; j kphGKz l hFk; tha; Nfhz p vrrpy; xOFk; c ly;
mowrAwW fhz ggLk;

2. ghhr thj k;

“gz ghd ghhr thj Nehi k
gf;Ftkha; elawpag; gfhNtd; Nfsha;
j di kASS rhbj j py; ghj p ghfk;
j kggj Jf; i fAl Nd fhYk; tbeT
tdi kAl d; tyJgf; fj j pw; NfhZ k;
tYthf apl Jgffk; mj pfq; fhZ k;
fz bj kha; i fkl Lk; nrhui z nfi L
fbdkha; mi rtwW NghFk; ghNu
NghFkl h xU Nti s xUGwj Jf; i fAk;
nghqfKl d; kenwhU Gwj Jf; fhYk;

NahfNa tpeJtLk; tjjij ghU
nadkfNd thNahuk; tpejJ; jhdha;
ghfkjy; thapOjJf; nfhzL NghFk;
gfFtkha; ehfFdKi d tpej p epwFk;
\$i fNghy; thhjijjnd; Fswg; NgRk;
FOi kAss fz z pi kfs; mi rT NghFNk

mi rtww fz z pzLk; %bf; nfhsSk;
mggNd fUtpopJthuq; nfhsSk;
ji raww ghhi tjd; nfUI ghhi t
j dghrk; nLkGjjp tpfwgkKhFk;
tpi rAss fz z hy; eUzJhf
trdqfs; kpfglL epi dTq; Fdwp
gi raww i ffhyfs; KI ffig; NghFk;
ghqfhd Nehafs; j Uk; ghNu”

mfjjah; Fz thflk;

3. According to pararasa sekaram(vadha roga nithanam)

Paarisa vatham is mentioned as

xU Gwk; i ffhy; newwAwwL Kfk; thæhfF
kWTw; mi seJ Fjjp trkw tpi wjJ NrhheJ
ngWTw eLfppf; tpeJNkhh; ghfej di d
j pUtpy; ghhrjjpd; thjk; nraFz Q; nrgGqfhy;

ghl y; 191

One half of the body is affected including upper limb, lower limb, forehead, face, mouth and tongue.

The affected organ becomes weak, painful, spastic and functionless.

4. Manmurugium

“c Wtsp rpdtpAl nyhU ghypd;
ehbapd; c z hrrp eukGqnFLj J
tykpl kpuz b nyhdW nrauw
i tggJ gff tsja nkdg
%i sapw; gutja FUj p eukGk;
C z hrrp eukGk; j hfFkhapd;
Gkkt dlapd; gapyy , ayNg
Tygghy; j hfFwpd; c l ypl gghYk;
 , l gghy; j hfFwpd; mj d; tygghYk;
kUtlLk; gff tsja nkdg
xsnfl y; Gz hgGfoyy; j pkthj j y;
ehT FoWj y; mrdk; j i l gl y;
c yhj y; , j dpi l tUFwphFk;”

Increased of vatha affects the one half of the body by affecting the blood vessel and nerves supply to the part.

If the artery and nerves of the brain affected, it cause hemiplegia

The lesion of the brain present in right side, left side of the body is affected and vice versa

Brightness of body is affected

Loss of function

Spasticity

Slurred speech, loss of appetite and dryness

“xU ghy; j pkth”

“xU ghwi fAq; fhYe; j pkUwy”

“xU ghy; j pknudWggJ , ayNg”

5. Anuboga Vaithiya Deva Ragasiyam

Patchavatham is described as PAKSHA VAADHAM that is the deranged or increase phlegm humor affects the vaayu which inturn affect the communication in the nerves and vessels and thus by rendering the limbs of one side powerless.

6. Pathinen Siddhar Naadi Shastiram

“c l y h J n t J k g p i f f h y ; c l y J f L j J n e h e J
f l Y j h q f y ; f u q f s ; f d j j h N g h y a h e J f h Z k ;
r l k J t p O e j j h F k ; r y k ; n f l j L N j h \ K z j h F k ;
K l k j h q ; i f f h y ; j h S K a q f p d t h j k h N k ”

1. Pain in upper and lower limb
2. Weakness of the body
3. Heaviness of the hand
4. Loss of function
5. Urinary tract infection
6. Lower half of the face, upper and lower limb become functionless.

7. Dhanvanthiri Vaithiyam

‘x U G w k ; t h A j j h N d c a u e j G w j j p Y s s
r p i u F l w ; t w w p a e j g ; g h f j i j a a u r ; n r a J
j U t p p % f F f h J r u z k ; e h j j o e j a h e J
k U t p p F z q F s ; g \ t h j j j p d ; k f p i k N a ”

j d t e j p p i t j j p a k ;

Aggravation of vayu on oneside will make the dryness of the vessels, which automatically affect the functions of eye, nose, ear, foot, tongue on that side.

According to **therayar vagadam**

1. Paralysis of one side
2. Unable to walk

“%dhh; gl rthj k”;

“xU Gwkhaprgj ;J el fnfh l hj dNw”

ETIOLOGY OF PATCHAVATHAM

“j hdhd , rNthL i ffhy;fsj hd;

] j kggj ;J tPl l hYk; mggh NfS

Cdhd fhNyDk; i fNaDk;

Cssgb , uz ;Lkj hd; Kl qfjdhYk;

Nj dhhd %i sAl tpahj padW

Nj hpe;J nfhs;tha; eprakha; nj spthfj j hd”;

mfj j pah; Fz thfl k;

Paralysis due to brain disease

“c Wthsp rpd tPl nyhU ghtpd;

ehl pad; c z hrrp eukGqnFUj ;J

tykpl kpuz l nyhdW nrayw

%i sapw; gutpa FUj p eukGk;

C z hrrp eukGk; j hf;Fukhapd;

Gf;ftspak; gaypy; , ayNg”

1. Classification of Vatha disease:

The following author's says the classification of vatha diseases

Table No. 1

Sl.No	Name of the Siddha Text	Types
1.	Yugi vaidhya chinthamani vddNt thj kJ vz gj hFk;	80
2.	Agasthiyar – 2000	80
3.	Agasthiyar Rathina Surukkam – 500	84
4.	Noi Nadal and Noi Mudhal Nadal Part – Ii	85
5.	Theraiyar vaagadam	81
6.	bohar Vaidhdhiyam -700	80
7.	Thanvanthiri Vaidhiyam	80
8.	Jeeva Rakshamirdham	80

Various thoughts in classification of Vatha diseases in siddha literature as follows:

In Yugi Vaidhya Chindhamani Perunool-800 described 80 types of Vatha disease which is quoted as:

“vddNt thj kJ vz gj hFk”

But in concluding section of the same text. eighty-four vatha diseases have been reported

“Mkggh thj k; nj z gj J ehY
mj Di l a Fz hFz qf y l qf yhf”
Afp i tjj pa rpej hkz p ngUE}y; - 800

In **Agasthiyar 2000** , eighty types of vatha diseases are classified

“vz gJ thj khF kJti fggLj j pf; fhz pd;
edGW mi ufF NKny ehwgJ thj khFk;
gz Nrui ufFf; fNo gj J ehd,fhFnkdW
tz LNr; FoypdhNs thj j j pd; \$Wj hNd”
mfjj pah; 2000

In **Agasthiyar Raththina surukkam -500**, eighty four types of vatha diseases are classified

“kwwNk thj Nuhfk; ti f vz gj J ehNy”

In **Noi Naadal and Noi mudhal Naadal Part – II**, eighty five types of Vatha diseases are classified.

In **Theraiyar Vaagadam** Eighty one types of vadha disases have been described.

In **bohar Vaidhdhiyam -700** eighty Vatha diseases are reported

“thrnrdw thj k; vz gJ Tk; NghFk”
Nghfh; i tjj pak; 700

According to **Jeeva Rakshamirdham** and **Thanvandhiri Vaidhdhiyam** Vatha diseases are classified into 80 types

thj NehafS f;fh d fhuz qfS; (Aetiology of Vatha disease)

According to Yugi Vaidya Chindamani,

vddNt thj kj h ndz gj hFk;
 , fj j pNj kdij hfS f;F nfa:AkhW
gpdNt nghd; j i dNa NrhuQnraJ
 nghpNahhfS; gphkz i u J}\ z ij Jk;
tdNt twnrhj j pw; NrhuQ; nraJ
 khj hgij h FUi t kweij Nghf;Fk;
fddNt Ntjj i j epei j nra j hy;
 fhaj j pw; fyeij pLNk thj ej hNd.

nghdi d j pUbathfS f;Fk> mej z hfi s J}\ ij thfS f;Fk>
 rptnrhj i j j pUbathfS f;Fk> j ha; j ei j FUi t kweij thfS f;Fk>
 Ntjj i j goggt hfS f;Fk; thj NehafS; c z l hFk;

“j hnddw frgnghL J thgG i wgG
 rhj fkha; kpQRfpYQ; ri kj j tz z k;
Mnddw thwpdJ nghrij j yhYk;
 Mfhaj; Nj wyJ Fbj j yhYk;
ghnddw gfYwf;f kph tpigG
 gl bdpNa kpfTWj y; ghu nkaj y;
Nj nddw nkhopahh; Naw; rpei j ahj y;
 rff;fukha; thj kJ nrdpf;Fej hNd”

- High intake of food having bitter, Astringent, Pungent taste.
- Intake of food that was prepared on previous day.
- Drinking rain water, Alcohol intake and sleeping in the day.
- Starvation, Lifting heavy weight and increased sexual thinkings

In “Theraiyar Vagadam”

“ntaap̄y; el fi fahYk; k̄fj j z z h̄ Fbfi fahYk;
nraapi o kfs̄p̄di u Nrhej D gt̄fi fahYk;
i gāNd c z i kahYk; ghfwfha; j̄p̄di fahYk;
i j aNy thj Nuhfk; rd̄f̄F nkdww̄e;J nfhsNs”

Excessive walking in hot sun, excessive intake of water, over sexual indulgence, intake of bitter guard etc., May play a role in disturbing the normal function of vatham.

According to **Pararasasekaram**,

“nj hop̄y; ngW i fgGf; fhj j y; J thj j y; t̄p̄QRf̄p̄DQ; NrhWk;”
gi oaj hk; tuF kw̄i wg; i gej̄pi d mUej̄p̄dhYk;
vōp̄y; ngwg; gfY wq̄f̄p̄ , ut̄p̄p̄ Ywq̄fhj hYk;
ki o ep̄f̄r; R̄oyp̄dhNs thj q; Nfhḡp̄f̄Fq̄fhNd”

“fhz Nt k̄p̄f̄Tz̄ j̄hYq; fUJ gl̄bd̄p̄ t̄p̄ j̄hYk;
khdi d ah̄hf̄z̄ ; Nkhf kw̄f̄f̄p̄D k̄p̄ej̄ p̄ j̄hYk;
Mz t kyq̄f̄ l̄ki k aqqNd t̄p̄ hj j̄hYk;
thDj d; kl̄ey; yhNs thj qNfhḡp̄f̄Fq̄; fhNz ”

Intake of food having a taste of bitter, Astringent and Pungent. Intake of food that was prepared on previous day.

- Varagu, thinai arunthal.
- Sleep in the day, No sleep in the night
- Intake of high amount of food, Starvation and Increased sexual activities.
- Aanavam Udaimai, Fear, Anger and Sadness

Not taking food at proper time, Decreased intake of sour and Ghee diet.

In “Agasthiyar Guna vagadam”

“nj hyi y nraa , d;Dk; ntF thj Neha;fs;
nj hy;Yyfy; khej Uf;Ff; fhz gJ z L
vyi yaryi y thj Neha; Nehi k j di k
, ayghf mwpej pl Nt t;guqNfNs”

“tptukl h mrj p rddp %i s NehT
t;hpthd %i saJ kplJJ thfp
mt;pdj dpy; j pl khfg; Nghtj hYk;
m;ggNd %j j pf; Fz bf;fha; t;ahj pahYk;”

“j tKdpth; j h;fhfi f Nkf Nuhfk;
j di kAss Ksj z Lf; nfhb t;ahj p
mtkpyhg; ghpr epukgKj j q; fz l ha;
mZ Fkl h thj Neha; MFkghNu”

“mZ Fkl h khkprj j pd; t;ahj pahYk;
m;ggNd Rj fj j pd; ngUf;fhYk;
Fz kpyyh , urk; tqfk; j pddyhYk;
FbnfLj j thj kJ c z l hkggh”

1. Brain Disease
2. Kidney disorder
3. Sexually transmitted disease
4. Disease of the vertebral column and spinal cord.
5. Menorrhagia
6. Taking improperly prepared medicine of mercury and lead will cause vatha disease

According to **Agasthiyar Kanma Gaandam**,

“E}nydw thj k; tej ti f j hNdJ
Ez i kahaf; fdkj j pd; ti fi af; NfS
fhyNy Nj hdwpaJ fLggNj J
i ffhy; KlfpaJ tffNkJ
NfhyNy gLfpdw tUl rkhd
Foelj kuej di d ntl j y; Nky; Nj hy; rty;
E}yNy rft nreJ fhy; kwj j y;
eyy nfhkG j i o Kwj j y; eyj j y; j hNd”

1. Cutting trees and bark
2. Breaking the legs of living animals
3. Cutting the leaves of living trees

thj Nehafspd; nghJ FwFz qfs;

The commonest symptoms and signs of vatha disease have been described in several siddha literatures

In Agasthiyar Vaidhya Kavium 1500 y;

“fhz ggh thj k; kly; fhy; i ffs; nghUeJ NehFk;
Gz ggh Fl y; Gul Lk; kyryk; nghUkpf; fl Lk;
Cz ggh FspUq; fharry; c l kngyyhk; Fj Jk; thA
tŁ ggh Fj kDfFk; Nthi tAk; NthfFe; j hNd”.

- 1.Pain in the joints of upper and lower limbs
- 2.Intestinal problems
- 3.Stagnation of faeces and urine
- 4.Chillness, Fever
- 5.Pricking pain all over the body
- 6.Constriction of Rectum, Sweating

In Thiru Moolar vaidhya saram

“thAtpdhNy kyryq; fl bLk;
thAtpdhNy thq;fLk; Nky;%rR
thAtpdhNy kyUK; , uz qfS;
thAtpdhNy tUK; Uj j µ NuhfK”

Stagnation of faeces and urine, Dyspnoea, Ulcers & Heart disease

“mwpa , k%dwpa; j hz i k nrhd;dh; eej p
vwpa ey;thj nkwf;Fq; Fz qNfS
Fwpnad; i f fhy; Fi srR tpyhrre;J
gj pad nehe;Jlw; gri r Gz z hFNk”

Pain in the wrist joint, Ankle joint, cost vertebral joint and ulcer develops.

“Gz z ha; tyf;Fk; nghUKq; Fl Nyhbj ;
j z z h kyj i j j ; j kgf;Fk; Nghf;fhJ
xz z hd Mrdk; c wNt RUF;fLk;
gz z hh; Fst; rj k; gFj j pLk; thj Nk”

1. Like ulcer pain
2. Intestinal upset
3. Non evacuation of faeces, so stagnation of faeces
4. Chillness

In Theraiyar vagadam

“thj tW mddkpwq;fhJ fLgGz ; ha; Tz z Kz ; khk;
NkhJ fl ;LuhfK; RuKz ; h kpUKYkh kwq;fhj d;Wk;
.....

Loss of appetite, Pain, Colouration, Fever & Cough.

In Agasthiyar 2000

“thj j j pd; Fz Nk nj ddpy; kaf;Fej paq;Fk; kyh; rpt f;Fk;
ghj q;Fsphe;J rUthq;fk; gwwp el f;FK f;Q; fLf;FQ;
rj j ;J INd taW Gz z hQ; rthggjj j Je; nj wp %rrhk;
Nghj j ; j z z hj hd; thq;Fk; GfOk; gQrFz khNk”

Giddiness, Chillness of feet, Vatham increased all over the body, Gastric ulcer and Dyspnoea

3.2 SIDDHA PHYSIOLOGY

3.2.1 Sugarana Nilai (Physiological State) in Siddha Medicine

The five basic elements, namely Aagayam (Space), Kaal (Air), Thee (Fire), Neer (Water), and Mann (Earth) are the building blocks of all the physical and subtle bodies existing in this whole universe. These are called as the ‘Adippadai Boothams’ (Basic Elements) (or) ‘Panchaboothams’.

These five elements together constitute the human body and origin of other material objects are explained as Pancheekaranam (Mutual Intra Inclusion). None of these elements could act independently by themselves. They could act only in co-ordination with other four elements. All the living creatures and the non-living things are made up of these five basic elements. The five basic elements form the connecting link between the Microcosm (Man) and Macrocosm (World) . This concept is evident from Siddhar’s lines.

Any change in the universe due to natural or unnatural causes will create changes in human systems. For example the natural disorders like cyclone, heavy rain, mist and scorching sun or man created impurities of air and water will create changes both in the atmosphere and in the human body. Hence the change in the elementary conditions of external world has its corresponding change in the human organs.

BASIC PRINCIPLES

According to Siddha system of medicine, 'Thathuvam' is considered as a science that deals with basic functions of the human body.

1. VAAYU – 10

1. Uyir kaal (Piraanan)

This is responsible for the respiration of the tissues, controlling knowledge, mind and five sense organs and digestion of the food taken in.

2. Keel nokku kaal (Abaanan)

It lies below the umbilicus. It is responsible for the downward expulsion of stools and urine, ejaculation of semen and menstruation.

3. Paravu kaal (Viyaanan)

This is responsible for the motor and sensory function of the entire body and the distribution of nutrients to various tissues.

4. Mael nokku kaal (Uthaaanan)

It originates at Utharakini. It is responsible for digestion, absorption and distribution of food. It is responsible for all the upward movements.

5. Samaanan (Nadu kaal)

This is responsible for the neutralization of the other 4 Valis i.e. Piranan, Abanan, Viyanan and Uthanan. Moreover it is responsible for the nutrients and water balance of the body.

6. Naagan

It is a driving force of eye balls responsible for movements.

7. Koorman

It is responsible for the opening and closing of the eyelids and also vision. It is responsible for yawning.

8. Kirukaran

It is responsible for the salivation of the tongue and also nasal secretion. Responsible for cough and sneezing and induces hunger.

9. Devathathan

This aggravates the emotional disturbances like anger, lust, frustration etc. As emotional disturbances influence to a great extent the physiological activities, it is responsible for the emotional upsets.

10. Dhanancheyan

Expelled three days after the death by bursting out of the cranium. It is responsible for edema, plethora and abnormal swelling in the body in the pathological state.

2. THE UYIR THATHUKKAL

The physiological units of the Human body are,

- Vali (Vatham)
- Azhal (Pitham)
- Iyyam (Kapham)

They are also formed by the combination of the five basic elements. Accordingly Vali is formed by the combination of Vali (Air) and Aagayam (Space). This is the Creative force. Azhal is formed by Thee (Fire). This is the Force of Preservation. Iyyam is formed by Mann (Earth) and Neer (Water). This is the Destructive Force. These three humors are in the ratio 4:2:1 in equilibrium which is a healthy normal Condition. They are called as the life forces or humours.

THE FORMATION OF UYIR THATHUKKAL,

The Vali naadi is formed by the combination of Abanan and Idagalai.

The Azhal naadi is formed by the combination of Piranan and Pinkalai.

The Iyya naadi is formed by the combination of Samanan and Suzhumunai.

1. Vatham - Ten types
2. Pitham - Five types
3. Kabam - Five types

I. VALI

The term vatham denotes vayu, pain, dryness and flatulence. Vatham is responsible for respiration and control of all movements.

Location - Abanan, faeces, Idakalai, Pelvic bone, spermatic cord, skin, nerves, joints, hairs and muscles.

Character - It governs the other two basic elements and responsible for all physical process in general. For this reason, disturbance in vatha tend to have more severe implication than the other two humors and other affect the mind as well as entire physical body and also responsible for respiration.

Functions - Pain in the whole body, twitching, pricking pain, inflammation, reddish complexion, roughness of skin, hardness of limbs, astringent sense of taste in the mouth, constipation, oliguria, blackish discolouration of skin, stool, urine and muddy conjunctiva.

Fz qfS;			vj þFz qfS;		
1. Dry	-	twl rp	1. Unctuous	-	gRi k
2. Cold	-	Fsþrrp	2. Hot	-	mfdp
3. Light	-	, yF	3. Solid	-	nfl b
4. Rough	-	fbdk;	4. Soft	-	kplJ
5. Unstable	-	mi rj j y;	5. Stable	-] j µk;
6. Subtle	-	mZ j j tk;	6. Heavy	-	gS T

t h j j j d; g h p T f s;

1. g u h z d;
2. m g h d d;
3. t p a h d d;
4. c j h d d;
5. r k h d d;
6. e h f d;
7. \$ h k d;
8. f p U f u d;
9. N j t j j j d;
10. j d Q n r a d;

II. AZHAL

Location	Pirana vayu, bladder, moolagni, Heart, Umbilical region, abdomen, sweating, saliva, blood, eyes and skin.
Characters	It governs digestion, heat, visual perception, hunger, thirst, luster, complexion, understanding, intelligence courage, softness of the body.
Functions	Acidity, burning sensation in the throat, stomach, yellowish discolouration of skin, eye, urine, sense of defaecation, profuse sweating, dizziness etc.

F z q f s;

1. Hot - m f f p d p
2. Mobile - C L e j d i k
3. Acute - F & u k;
4. Liquid - r y & g k;
5. Acid - G s p g G
6. Pungent - f h u k;

v j p h F z q f s;

1. Cold - F s p h r r p
2. Immobile - e p i y j j p U j j y;
3. Harmless - r h e j k;
4. Solid - n f l b
5. Sweet - , d p g G
6. Bitter - f r g G

gñ j j j ð; ghñTfS;

1. mðwgñ j k;
2. , uQrfk;
3. rhj fk;
4. MNyhrfk;
5. guhrfk;

III. IYAM

Kabam is life representation of Appu and Mann pootham. It is responsible for maintenance of body structure and also responsible for the defence mechanism.

Location	Samanan. Suzhumunai, Vinthu, head, fat, bone marrow, blood, nose, colon, joints, chest, tongue etc.
Characters	It governs stability, lubrication, holding together of the joints, ability to cope with hunger, thirst, worry, heat ect.
Functions	Fair complexion, itching, dullness, cold, heaviness, loss of sensation. sweetness in mouth, indigestion etc.

Fz qfS;

1. Unctuous - <uk;
2. Sweet - , dpgG
3. Heavy - gS T
4. Cold- - Fshrrp
5. Soft - kpJJ
6. Immobile - mi rtðdi k
7. Viscid - totogG

vj ðFz qfS;

1. Hot - c l bz k;
2. Pungent - fhuk;
3. Light - , yF
4. Dry - twl rp
5. Rough - fbdk;
6. Mobile - mi rj y;
7. Sandy - fufugG

fgj j pd; ghTfs;

1. mtykgfk;
2. fNyj k;
3. Nghj fk;
4. j wgfk;
5. rej pfk;

3. UDAL THATHUKKAL

There are seven physical constituents situated in the body. It maintains the function of different organs, systems and vital parts of the body. They play a very important role in the development and nourishment of the body.

The Udal kattukkal are also part of the biological protective mechanism with the help of the agni, they are responsible for the immune mechanism. When one thathu is defective, it affects the successive thathu, as each thathu receives its nourishment from the previous thathu.

According to “Thirumanthiram” the seven Udal kattukkal are as follows

“urk; c j uk; , i wrp Nj hy; Nki j
kUt p t j j p thOk; nghL kri r
gut p Rf;fyk; ghohk; c ghj p
c Ugk yhWl y; xdnwdyhNk”

1. Saram - Chyle

It contains nutrients from digested food and nourishes all the tissues, organs and systems. It enriches the blood.

2. Chenneer - Blood

It governs oxygenation in all tissues in vital organs. It is responsible for the nourishment, strength, vigour and valour of the body.

3. Oon-Muscle

It gives lookable contour to the body as needed for the physical activity. It performs the movements of the joints and maintain the physical strength of the body.

4. Kozhuppu - Fat

Maintains the lubrication of all tissues and gives energy to the body.

5. Enbu - Bone

Support and protect the organs and is a fundamental requirement for posture, movement of the body.

6. Moolai – Bone marrow, Brain

Bone marrow nourishes the bone and the brain is the centre of every other – system of the body.

7. Sukkilam (or) Suronitham – Sperm (or) Ovum

Responsible for reproduction.

4. THINAI

S. NO	THINAI	LAND	HUMORS
1.	Kurinchi	Mountain and its surroundings Hilly terrain	Kabam
2.	Mullai	Forest and its surroundings Forest ranges	Pitham
3.	Marutham	Farm land and its surroundings Cultivable lands	All three humors are in equilibrium
4.	Neithal	Sea shore and its adjoining areas, Coastal belt	Vatham
5.	Palai	Desert and its surroundings Arid zone	All three humors are affected.

5. KAALAM

Ancient Tamilians divided a year into six different seasons known as Perumpozhudhu.

Perumpozhudhu

A year is divided into six seasons. They are as follows:

- Kaarkalam – Monsoon season (August 16 – October 15)
- Koothirkalam – Postmonsoon season(October 16 – December 15)
- Munpanikalam- Early winter season (December 16 – February 15)
- Pin panikalam – Late winter season (February 16 – April 15)
- Illavenilkalam – Early summer season (April 16 – June 15)
- Mudhuvenilkalam – Late summer season(June 16 – August 15)

gUt fhYqfS;(Seasons)

In siddha system of medicine sidhars have classified a year into six seasons each having two months.

Sl No.	Kalam	Kuttram	State of Kuttram
1.	Kar kalam (Mt z p – Gul ;l hrp)	Vatham Pitham	Vettrunilai Valarchi Thannilai Valarchi
2.	Koothir kalam (l ggrp – fhHj j pi f)	Vatham Pitham	Thannilai Adaithal Vettrunilai Valarchi
3.	Munpani kalam (khHfOp – i j)	Pitham	Thannilai Adaithal
4.	Muthuvenil kalam (Md p - Mb)	Vatham Kabam	Thannilai Valarchi Thannilai Adaithal

KALAM	KUTTRAM	STATE OF KUTTRAM
1. Karkaalam (Rainy season) (Aavani – Puratasi) (Aug 16 – Oct 15)	Vatham ↑↑ Pitham ↑ Kabam (--)	Ectopic escalation Insitu escalation Restitution
2. Koothir Kaalam (Postrainy season) (Iypasi – Karthigai) (Oct 16 – Dec 15)	Vatham (--) Pitham ↑↑ Kabam (--)	Restitution Ectopic escalation Restitution
3. MunpaniKaalam (Winter season) (Markazhi – Thai) (Dec 16 – Feb 15)	Vatham (--) Pitham (--) Kabam (--)	Restitution Restitution Restitution
4. Pinpani Kaalam (Post winter) (Masi – Panguni) (Feb 16 – Apr 15)	Vatham (--) Pitham (--) Kabam ↑	Restitution Restitution Insitu escalation
5. Elavenir Kaalam (Summer) (Chithirai–Vaikasi) (Apr 16 – Jun 15)	Vatham (--) Pitham (--) Kabam ↑↑	Restitution Restitution Ectopic escalation
6. MudhuvenirKaalam (Post summer) (Aani – Aadi) (Jun 16 – Aug 15)	Vatham ↑ Kabam (--)	Insitu escalation Restitution

6. YAKKAI (SOMATIC TYPES)

Characters	Vatha constitution	Pitha Constitution	Kaba Constitution
Build and appearance	Lean and lanky, lengthy built	Moderate build	Short, uniform thickness, broad build.
Skin - colour & Complexion	Dark and light admixed complexion. Dry skin	Red and Yellow. Wrinkles and shiny	Yellowish White . Fleshy, flappy and shiny
Bones and Joints	Cracking sound of joints on walking with prominent joints	Thin covering of bones and joints by soft tissue	Plumpy joints and limbs
Hair and eyelashes	Split hair and dark eyelashes	Sparse hair with graying	Dark and Dense hair
Appearance of Eyes	Lengthy Eyes	Easily suffering eyes due to heat and alcohol	Sparkling eyes
Vision	Long sight	Short sight	Clear sight
Voice	Clear and high pitched voice	Clear and medium pitched voice	Husky and unclear. Low pitched voice
Tongue	Lengthy, sharp ended tongue with black patches	Medium and yellow or red coloured	Blunt, thick tongue with white coated
Appetite	Scant appetitie for cold food items	Increased apetite and intolerance to hunger, thirst, heat	Less appetite and tolerant to hunger, thirst, heat
Taste	Desire for pungent, salt, sweet, heat	Desire for bitter, sweet, astringent	Desire for sour, bitter, astringent
Sleep	Sleeping with half closed eyes	Medium sleep	Deep sleep
Dreams	Flying in dreams around the hills, sky. Walking around the dense forest.	Seeing like yellow colour flowers, fire, sun, thunder.	Seeing the cooling places like tolus in the pond
Strength	Poor strength	Medium strength	Immense strength
Character	Unstable mind, change of mood according to situation	Medium, discipline, Good habits, Eagerness	Stable mind. Discipline and increased knowledge
Knowledge	Oscillation mind	Brilliance	Genius
Sexual activity	Loss of libido	Desire in sexual activity	Loss of libido

7. KOSAM – 5

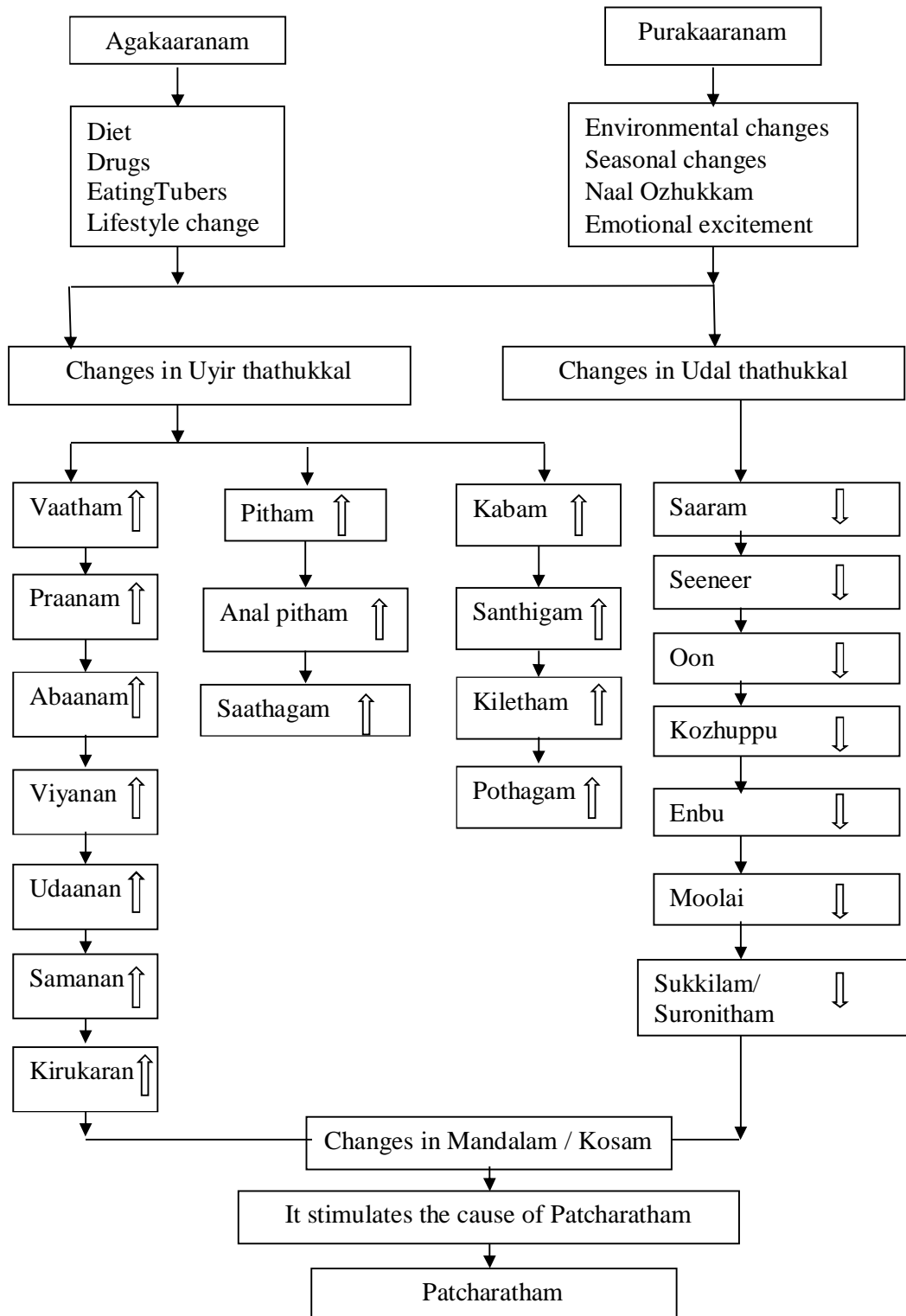
1. Annamaya Kosam -Gastro intestinal system
2. Pranamaya Kosam - Respiratory system
3. Manomaya Kosam - Mental System
4. Vignanamaya Kosam - Nervous system and higher intellect
5. Aananthamaya Kosam -Reproductive system

8. MANDALAM – 3

1. Thee Mandalam (fire zone)
Fire Zone is found 2 finger widths above the Moolaathaaram
2. Gnayiru Mandalam (Solar zone)
Solar zone, located 4 finger widths above the umbilicus.
3. Thingal Mandalam (lunar zone)
Lunar zone is situated at the center of two eye brows

3.3 SIDDHA PATHOLOGY

Etiopathogenesis of Patchavathm



- Alterations in Agakaaranam – Diet, Drugs, eating tubers, life style changes and purakaaranam – environmental changes, seasonal changes Naal ozlukkam, emotional excitement leads to changes in uyir thathukal & udal thathukal.
- In uyir thathukal
 - Vatham increased – stiffness, inability to use are upperlimb & lower limb
Praanan increased
Abaanam increased - constipation
Viyaanan increased - muscle wasting, guideness
Udaanan increased - Heart, eye, chest mouth are affected
Samaanan increased - indigestion
Kirukaran increased - Loss of speech
 - Pitham increased
Anarpitham increased - Indigestion
Saathagam – loss of function, inability to uses one upper limb & lower limb
 - Kabam increased
Santhigam - Loss of function
Kiletham - Indigestion
Pothagam - Loss of speech
 - In udal thathukkal
 1. Saran decreased – decreased stamina
 2. Seneer decreased – loss of memory
 3. Oon decreased – Muscle wasting
 4. Kozluppu decreased – Loss of function
 5. Enbu, Moolai – Stamina decreased
 6. Sukkilam – Libido
 - In mandalam – santhiramandalam affected
 - In kosam – Annamayakosam, Piranamaya kosam, Vinnanamaya kosam are affected

MODERN ASPECTS

4. MODERN ASPECTS

NERVOUS SYSTEM

Patchavatham mainly affects the brain and central nervous system. The symptoms are closely related to brain disease hemiplegia.

1. BRAIN

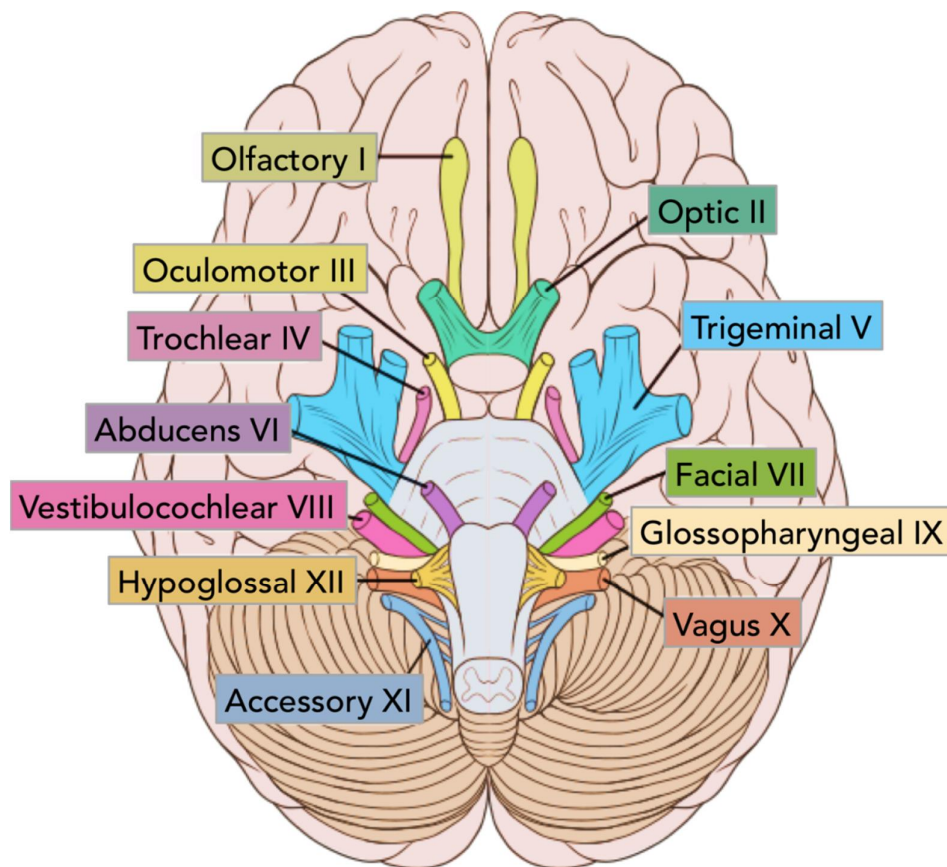
The brain serves as the organic basis of cognition and exerts centralized control over the parts of the body. The brain is protected by the skull however, if the brain is damaged, significant impairments in cognition and physiological function or death may occur. There are 12 pairs of cranial nerves.

Cranial Nerves	Functions of Cranial Nerves
I Olfactory (Sensory)	Smell
II Optic (Sensory)	Vision, also called eyesight. (Each optic nerve contains approx. A million nerve fibres that receive information from the rod and cone cells of the retina.)
III Oculomotor (Mixed, Mainly Motor)	Moves the eyeball and eyelid, adjusts the lens of the eye for near vision and also constricts the pupil of the eye via motor fibres distributed to muscles located in and around the eye. Parasympathetic Fibres outside the eye fibres adjust the size extend to the upper eye-lid and the of the pupil and the extrinsic muscles that turn the eyeball shape of the lens of in different directions, (incl. The the eye. superior rectus, medial rectus, inferior rectus and inferior oblique muscles).
IV Trochlear (Mixed, Mainly Motor)	Moves the eyeballs by sending nerve impulses to the superior oblique muscles which are among the group of muscles that rotate the eyeballs in their sockets. (The action of this nerve is coordinated with those of the oculomotor and abducent nerves i.e. Cranial nerves III and VI.)

V Trigeminal (Mixed)	<p>This is largest cranial nerve and splits into the following 3 divisions, each of which includes both motor and sensory fibres.</p> <ol style="list-style-type: none"> 1. Ophthalmic nerve 2. Maxillary nerve 3. Mandibular nerve <p>The motor fibres of all 3 divisions control the facial muscles involved in chewing. The sensory fibres convey sensations of touch, pain and temperature from the front of the head including the mouth and also from the meninges.</p>
VI Abducent (Mixed, Mainly Motor)	<p>Moves the eyeballs outwards by sending nerve impulses to the lateral rectus muscles.</p>
VII Facial (Mixed)	<p>Sensory fibres are concerned with taste via the taste buds at the front of the tongue.</p> <p>Motor fibres control secretion of tears via the lacrimal glands and saliva via the sublingual salivary glands as well as facial expressions via some of the muscles of facial expression.</p> <p>A branch of the facial nerve regulates the tension on the ear ossicles</p>
VIII Vestibulocochlear (Mixed, Mainly Sensory)	<p>Two branches: Vestibular nerve (senses equilibrium) and Cochlear nerve (hearing)</p> <p>Vestibular nerve: Aids equilibrium by carrying impulses from the semicircular canals - providing info about posture, movement and balance</p> <p>Cochlear nerve: Carries impulses from the cochlea, so is known as the nerve of hearing.</p>
IX Glossopharyngeal (Mixed)	<p>Motor fibres</p> <p>Modulate swallowing via supply to muscles of the throat (pharynx) area</p> <p>Parasympathetic control of secretion of saliva (via supply to the parotid salivary glands)</p> <p>Sensory fibres</p> <p>Monitors blood pressure</p> <p>Monitors levels of oxygen and carbon dioxide in blood</p> <p>Coordination of some muscle activity e.g. In some swallowing muscles</p> <p>Sensations of taste, touch, pain and temperature from posterior third of the tongue and tissues of the soft palate</p>
X Vagus (Mixed)	<p>Motor fibres</p> <p>Modulate swallowing via supply to muscles of the throat (pharynx) area</p> <p>Parasympathetic control of secretion of saliva (via supply to the parotid salivary glands)</p> <p>Sensory fibres</p> <p>Monitors blood pressure</p> <p>Monitors levels of oxygen and carbon dioxide in blood</p> <p>Coordination of some muscle activity e.g. In some swallowing muscles</p>

	Sensations of taste, touch, pain and temperature from posterior third of the tongue and tissues of the soft palate
XI Accessory (Mixed, Mainly Motor)	<p>Arises from two roots, cranial and spinal.</p> <p>Cranial parts: Controls swallowing movements because nerve fibres (from the cranial root of cranial nerve XI) join the vagus nerve to form the recurrent laryngeal nerve which supplies the internal laryngeal muscles.</p> <p>Spinal Parts: Governs movement of the head and shoulders by supplying the sternocleidomastoid and trapezius muscles in the (anterior and posterior) regions of the neck.</p>
XII Hypoglossal (Mixed, Mainly Motor)	Supplies the muscles of the tongue - responsible for the tongue movements involved in speech and swallowing

LOCATION OF CRANIAL NERVES ON THE CEREBRUM AND BRAINSTEM



2. SPINAL CORD

The spinal cord transmits sensory reception from the peripheral nervous system. It also conducts motor information to the body's skeletal muscles, cardiac muscles, smooth muscles, and glands. There are 31 pairs of spinal nerves. The spinal cord is protected by vertebrae and connects the peripheral nervous system to the brain, and it acts as a "minor" coordinating center.

TYPES OF CNS DISORDERS

1. ADDICTION

Addiction is a disorder of the brain's reward system which arises through transcriptional and epigenetic mechanisms and occurs over time from chronically high levels of exposure to an addictive stimulus (e.g., morphine, cocaine, sexual intercourse, gambling, etc.).

2. ARACHNOID CYSTS

Arachnoid cysts are cerebrospinal fluid covered by arachnoidal cells that may develop on the brain or spinal cord. They are a congenital disorder, and in some cases may not show symptoms. However, if there is a large cyst, symptoms may include headache, seizures, ataxia (lack of muscle control), hemiparesis, and several others. Macrocephaly and ADHD are common among children, while presenile dementia, hydrocephalus (an abnormality of the dynamics of the cerebrospinal fluid), and urinary incontinence are symptoms for elderly patients (65 and older).

3. AUTISM

Autism is a neurodevelopmental disorder that is characterized by restricted and repetitive patterns of behavior and persistent deficits in social interaction and communication.

4. DEPRESSION

Major depressive disorder, otherwise known as depression, is a disorder that is characterized by a pervasive and persistent **low mood** that is accompanied by low **self-esteem** and by a **loss of interest or pleasure** in normally enjoyable activities.

5. ENCEPHALITIS

Encephalitis is an inflammation of the brain. It is usually caused by a foreign substance or a viral infection. Symptoms of this disease include headache, neck pain, drowsiness, nausea, and fever. If caused by the West Nile virus, it may be lethal to humans, as well as birds and horses.

6. EPILEPSY/SEIZURES

Epilepsy is an unpredictable, serious, and potentially fatal disorder of the nervous system, thought to be the result of faulty electrical activity in the brain. Epileptic seizures result from abnormal, excessive, or hypersynchronous neuronal activity in the brain. About 50 million people worldwide have epilepsy, and nearly 80% of epilepsy occurs in developing countries. Epilepsy becomes more common as people age. Onset of new cases occurs most frequently in infants and the elderly. Epileptic seizures may occur in recovering patients as a consequence of brain surgery.

A number of different pathogens (i.e., certain viruses, bacteria, protozoa, fungi, and prions) can cause infections that adversely affect the brain or spinal cord.

7. LOCKED-IN SYNDROME

A medical condition, Locked-in syndrome usually resulting from a stroke that damages part of the brainstem, in which the body and most of the facial muscles are paralysed but consciousness remains and the ability to perform certain eye movements is preserved.

8. MENINGITIS

Meningitis is an inflammation of the meninges (membranes) of the brain and spinal cord. It is most often caused by a bacterial or viral infection. Fever, vomiting, and a stiff neck are all symptoms of meningitis.

9. MIGRAINE

A chronic, often debilitating neurological disorder characterized by recurrent moderate to severe headaches, often in association with a number of autonomic nervous system symptoms.

10. MULTIPLE SCLEROSIS

Multiple sclerosis (MS) is a chronic, inflammatory demyelinating disease, meaning that the myelin sheath of neurons is damaged. Symptoms of MS include visual and sensation problems, muscle weakness, numbness and tingling all over, muscle spasms, poor coordination, and depression. Also patients with MS have reported extreme fatigue and dizziness, tremors, and bladder leakage.

11. ALZHEIMER'S DISEASE

Alzheimer's is a neurodegenerative disease typically found in people over the age of 65 years. Worldwide, approximately 24 million people have dementia; 60% of these cases are due to Alzheimer's. The ultimate cause is unknown. The clinical sign of Alzheimer's is progressive cognition deterioration.

12. PARKINSON'S DISEASE

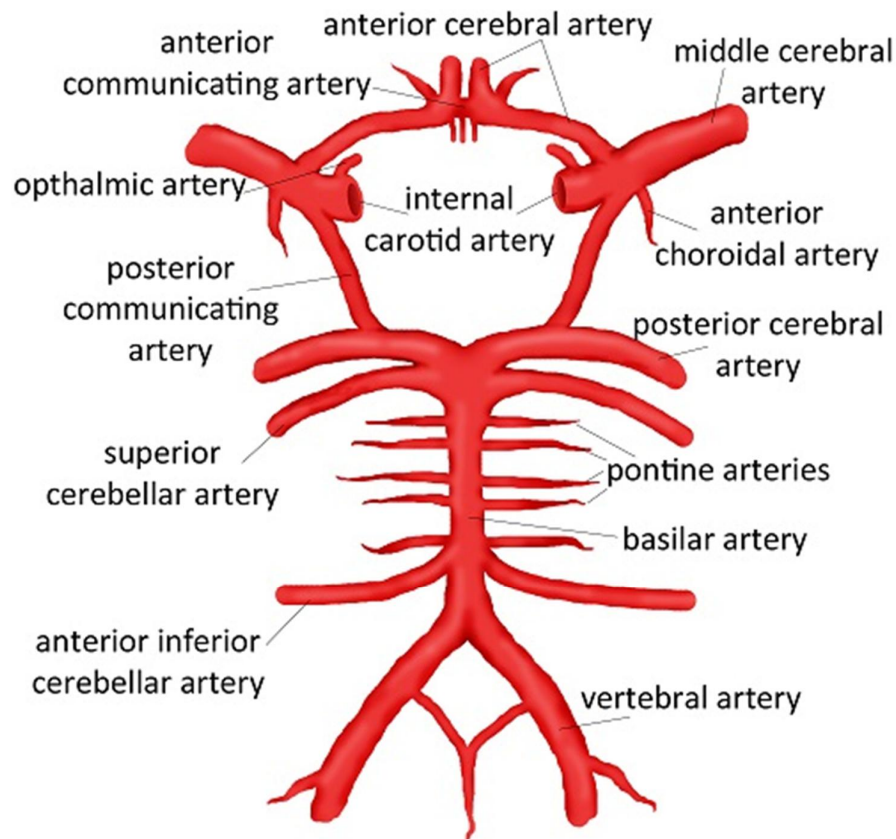
Parkinson's disease, or PD, is a progressive illness of the nervous system. Caused by the death of dopamine-producing brain cells that affect motor skills and speech. Symptoms may include bradykinesia (slow physical movement), muscle rigidity, and tremors. Behavior, thinking, sensation disorders, and the sometimes co-morbid skin condition Seborrheic dermatitis are just some of PD's numerous nonmotor symptoms. Parkinson's disease, Attention deficit/hyperactivity disorder

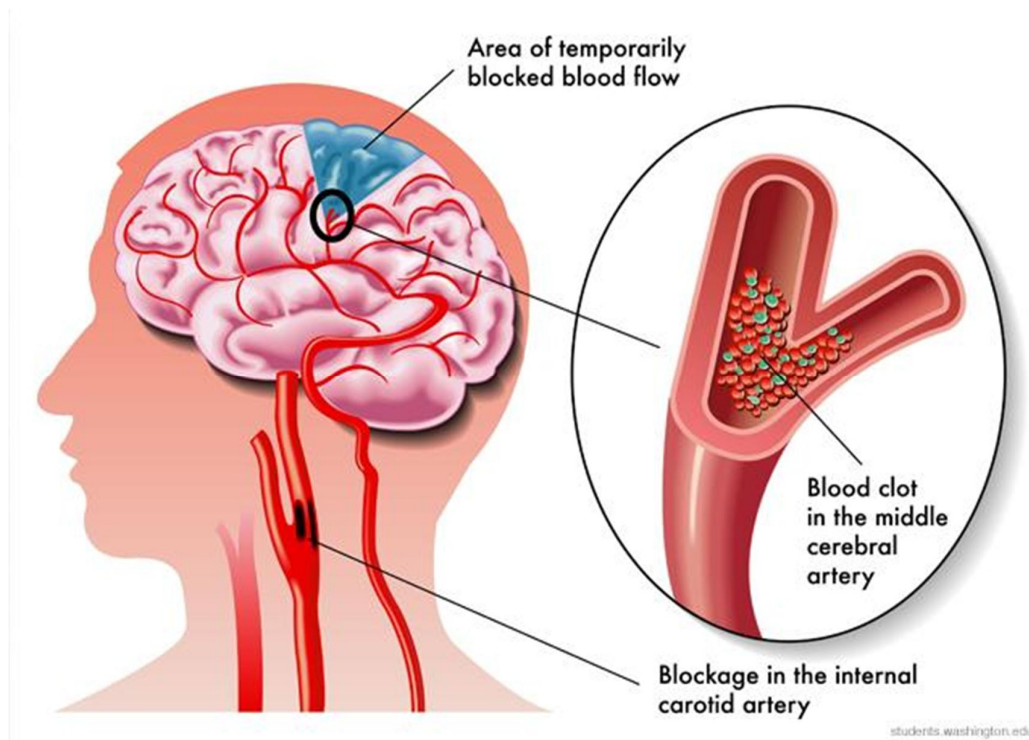
(ADHD) & Bi-polar disorder, all appear to have some connection to one another, as all three nervous system disorders involve lower than normal levels of the brain chemical dopamine(In ADHD, Parkinson's, & the depressive phase of Bi-polar disorder.) or too much dopamine(In,Mania or Manic states of Bi-polar disorder.) in different areas of the brain.

HEMIPLEGIA

Hemiparesis, or unilateral paresis, is weakness of one entire side of the body (*hemi-* means "half"). **Hemiplegia** is, in its most severe form, complete paralysis of half of the body. Hemiparesis and hemiplegia can be caused by different medical conditions, including congenital causes, trauma, tumors, or stroke.

CIRCLE OF WILLIS





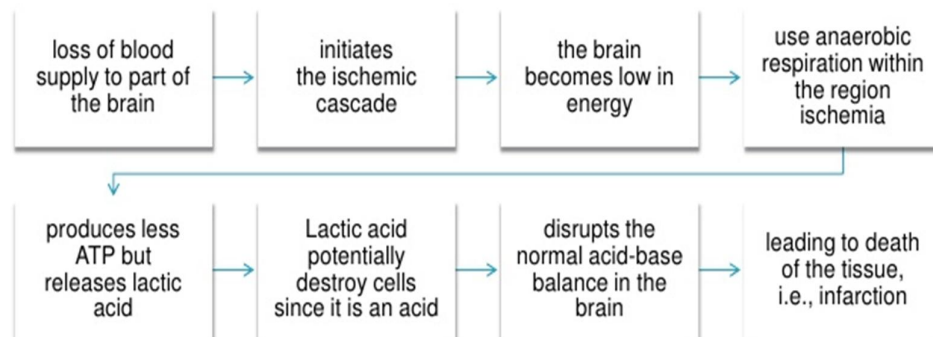
COMMON CAUSE OF HEMIPLEGIA

1. **Vascular:** Cerebral Hemorrhage, Stroke
2. **Infective:** Encephalitis, Meningitis, Brain Abscess, Spinal Epidural Abscess
3. **Neoplastic:** Glioma, Meningioma, Brain Tumors, Spinal Cord Tumors
4. **Demyelination:** Multiple Sclerosis, Disseminated Sclerosis, ADEM, Neuromyelitis Optica
5. **Traumatic:** Cerebral Lacerations, Subdural Hematoma, Epidural Hematoma, Vertebral Compression Fracture
6. **Iatrogenic:** Local Anaesthetic Injections Given Intra-Arterially Rapidly, Instead of given in a Nerve Branch.
7. **Ictal:** Seizure, Todd's Paralysis
8. **Congenital:** Cerebral Palsy, Neonatal-Onset Multisystem Inflammatory Disease (NOMID)
9. **Degenerative:** ALS, Corticobasal Degeneration
10. **Parasomnia:** Sleep Paralysis

SINGS AND SYMPTOMS

1. Difficulty in walking
2. Losses balance when walking
3. Difficulty in swallowing
4. Trouble of vision
5. Difficult in speech
6. Numbness, tingling loss of sensation of one of the body
7. Loss of control of bladder and bowel
8. Unable to hold objects
9. Feeling depressed
10. Heightened emotional sensitivity
11. Poor memory

PATHOPHYSIOLOGY



DIAGNOSIS

Hemiplegia is identified by clinical examination by a health professional, such as a physiotherapist or doctor. Radiological studies like a CT scan or magnetic resonance imaging of the brain should be used to confirm injury in the brain and spinal cord, but alone cannot be used to identify movement disorders. Individuals who develop seizures may undergo tests to determine where the focus of excess electrical activity.

Hemiplegia patients usually show a characteristic gait. The leg on the affected side is extended and internally rotated and is swung in a wide, lateral arc rather than lifted in order to move it forward. The upper limb on the same side is also adducted at the shoulder, flexed at the elbow, and pronated at the wrist with the thumb tucked into the palm and the fingers curled around it.

MATERIALS AND METHODS

5. MATERIALS AND METHODS

5.1 MATERIALS

The observational study on Patchavatham was carried in the out patients in post graduate department of Noinaadal at Aringnar Anna hospital, Arumbakkam, Chennai-106.

40 cases with clinical signs and symptoms of Patchavatham of both sex of different ages were studied under the guidance of faculties of post graduate department of Noi Naadal.

5.2 SELECTION OF PATIENTS

The observational study was done in cases, out of that 40 cases were selected on the basis of clinical symptoms indicated in the siddha text.

5.3 CRITERIA FOR INCLUSION

1. Age: 30 and above
2. Sex: Both male and female
3. Difficulty in walking, loss of sensation, deviation of mouth
4. Inability to use one upper limb and lower limb
5. Patients with any 1 of the following clinical features are
Hypertension, Diabetes mellitus, Head injury

5.4 CRITERIA FOR EXCLUSION

Symptoms associated with

1. Severe cardiac problem
2. Severe infections
3. Migrane syndrome
4. Patient irregular to OPD

5.5 METHODOLOGY

STUDY DESIGN

Observational type of study

5.6 STUDY ENROLLMENT

- In the study, patients reporting at the PG Noi Naadal OPD of Aringar Anna Hospital, Arumbakkam, Chennai-106. with the clinical symptoms of “Patchavatham” will be referred to the Research group. Those patients will be screened using the screening proforma and examined clinically for enrolling in the study based on inclusion and exclusion criteria. Based on the inclusion criteria the patients will be included first and excluded from the study on the same day if they hit the exclusion criteria
- The patients who are to be enrolled would be informed about the study, and the objectives of the study in the language and terms understandable for them.
- After ascertaining the patients willingness, a written informed consent would be obtained from them in the consent form.
- All these patients will be given unique register card in which patients Register number of the study, Address, Phone Number and Doctors Phone Number etc., will be given, so as to report to research group easily if any complication arises.
- Complete clinical history, complaints and duration, examination findings all would be recorded in the prescribed proforma in the history and clinical assessment forms and lab investigation forms.

5.7 INVESTIGATIONS DURING THE STUDY

The patients will be subjected to basic laboratory parameters during the study.

Blood

- Total WBC count
- Differential count
- Erythrocyte sedimentation rate
- Haemoglobin estimation
- Blood Sugar[F,PP,R]
- Blood urea
- Serum cholesterol
- Lipid profile

Urine

- Albumin
- Sugar
- Deposits

Other investigations

CT scan or MRI scan – Brain.

5.8 TREATMENT DURING THE STUDY

Normal treatment procedure followed in Aringar Anna Hospital, Arumbakkam, Chennai-106. will be prescribed to the study patients and the treatment will be provided at free of cost.

5.9 STUDY PERIOD

- | | | |
|-------------------------------------|---|-----------|
| ➤ Total Period | : | 24 Months |
| ➤ Recruitment for the study | : | 18 Months |
| ➤ Data entry analysis | : | 4 Months |
| ➤ Report preparation and submission | : | 2 months |

5.10 DATA MANAGEMENT

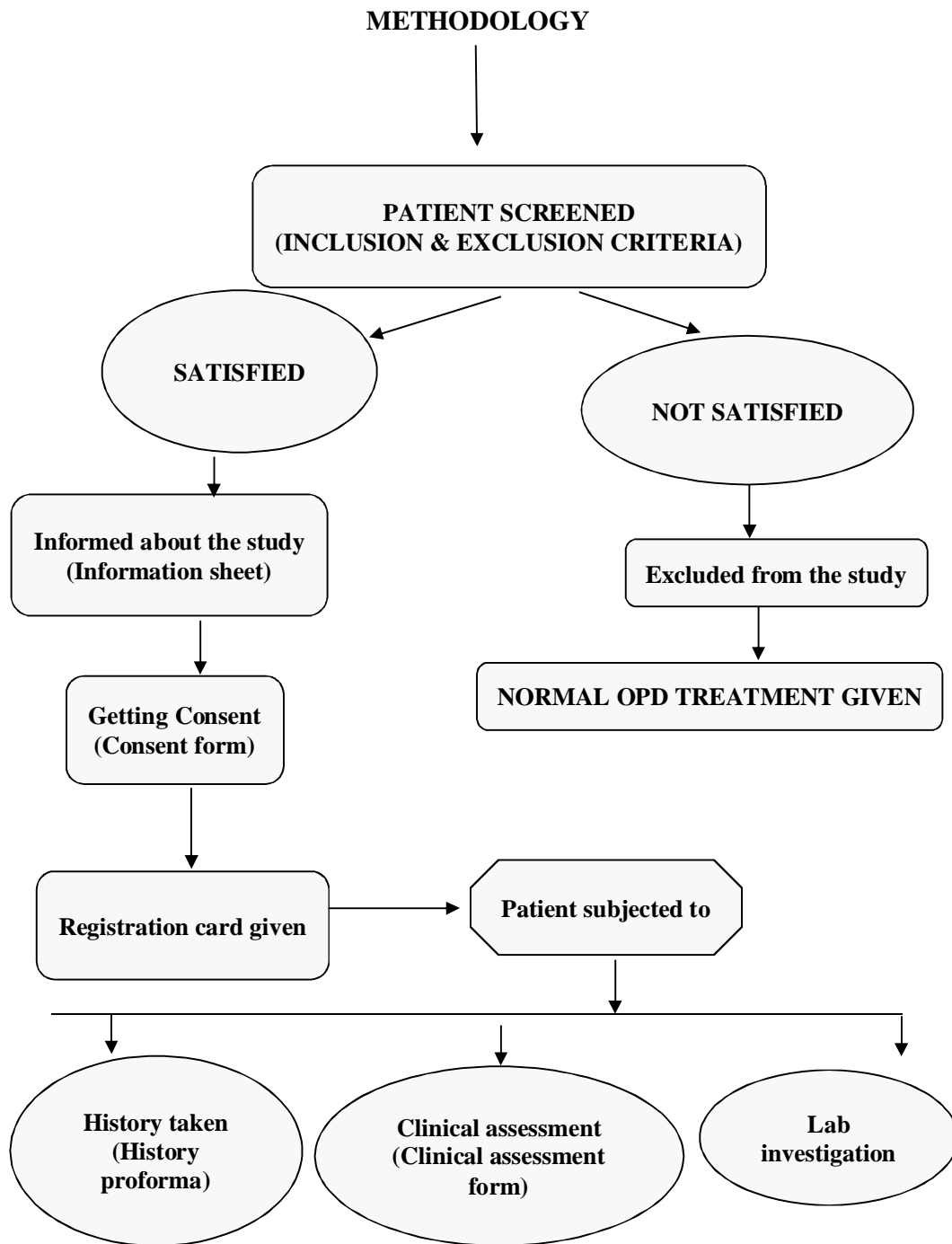
- After enrolling the patient in the study, a separate file for each patient will be opened and all forms will be filled in the file. Study Number and Patient Number will be entered on the top of file for easy identification and arranged in a separate rack at the concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patient file will be taken and necessary recordings will be made at the assessment form or other suitable form.
- The screening forms will be filed separately.
- The Data recordings will be monitored for completion and adverse event by HOD and Faculty of the department. Any missed data found in during the study, it will be collected from the patient, but the time related data will not be recorded retrospectively .
- All collected data will be entered using MS access / excell software.

5.11 STATISTICAL ANALYSIS

All collected data will be entered into a computer using MS Access / MS Excel software by the investigators. Descriptive analysis will be made and necessary tables / graphs generated to understand the profile of patients included in the study.

5.12 OUTCOME OF THE STUDY

- Cost effective and early diagnosis
- It helps to promotion of self diagnosing methods.
- It is very useful for remote areas.



***SIDDHA DIAGNOSTIC
METHODOLOGY***

6. SIDDHA DIAGNOSTIC METHODOLOGY

The Diagnostic methodology in Siddha system is unique as it is made purely on the basis of clinical acumen of the physician. The diagnosis is arrived from,

1. Poriyal arithal and Pulanal arithal (examination of sense organs)
2. Vinaathal (Interrogation)
3. Envagai thervu (eight fold examination)
4. Manikkadai nool (wrist circumference sign)

PORI ARIDHAL AND PULAN ARIDHAL

The physician should examine the patient's porigal and pulangal.

1. Mei - Sensation(skin)
2. Vaai - Taste(tongue)
3. Kan - Vision(eye)
4. Mooku - Smell(nose)
5. Sevi - Hearing(ear)

VINAADHAL (INTERROGATION)

The physician should interrogate the patient's name, age, occupation, native place, socio economic status, dietary habits, history of present illness, history of previous illness and family history.

ENN VAGAI THERVUGAL

Various aspects of siddha regarding 'Enn vagai thervugal'

'mfj :JW Nehi a fuj j hk yfkNghy;
gFj j wptl; ehbg; ghprk; - nj hFj j epwk;
fl Lt i fr; nrhynkhopfz ; fz l ky %j j uk; eh
vl Lt i f ahY kwptl;"
- mfj j pah; i tj j pa rpej hkz p ntz gh - 4000

According to Agathiyar Vaithiya Sinthaamani Venba - 4000, the Enn vagai thervu includes Naadi (pulse), Naa (tongue), Niram (color), Mozhi (voice), Vizhi (eyes), Malam (faeces), Neer (urine) and Sparisam (touch and palpation).

ENN VAGAI THERVUGAL

'ehb ghprk; ehewk; nkhoitpp
kyk; %j j µ kpi t kUj :J tuhAj k;"
- Neha; ehl y; Kj y; ghfk;

As per sage Therayar, the eight methods of diagnosis are Naadi (pulse), Naa (tongue), Niram (color), Mozhi (voice), Vizhi (eyes), Malam (faeces), Neer (urine) and Sparisam (touch).

1. NAADI(ehb)

The 'Pulse Diagnosis' is unique in Siddha Medicine, which was then introduced to other Indian Systems of Medicine later. The pulse should be examined in the Right hand for male and the left hand for female. The pulse can be recorded at the radial artery.

Naadi is nothing but, the vital energy that sustains the life with in our body. Naadi plays a most important role in Enn vagai thervu and it has been considered as foremost thing in assessing the prognosis and diagnosis of various diseases. Any variation that occurs in the three humors is reflected in the naadi. These three humors organize, regularize and integrate basic functions of the human body. So, Naadi serves as a good indicator of all ailments.

ehb ghfhFk; ti f

' , Lnkdw ehbfsgghfhFk; ti fi af; NfS
vddntdwhy; eLtpy; eptggdNd
mLnkdw mLjj tpy; Nkhj pkkh; tui y
maggNd , Sjj gpdG Rz LtppSjJ
c Lnkdw J}z Ltpp ySjJ mgghy;
cjj nj hU mqFI; tui ye' tpfujj py;
gLnkdw rNahj p mqFyNkh j ss
ghhj ltp %dWj uk; RukghfhFk; ti fi a
ti f vdd thj kJ xz j z i uahk; gjj k;
tsi knahdW maaqfhy; ts Khaepwfy;
gi fapyi y ehbfS e; nj hej kpyi y
gz ghd; RfnuhrU &gf\$W nrhdNdd"
- mfj j pah; fd,fkz p 100

Naadi is felt by,

Vali	-	Tip of index finger
Azhal	-	Tip of middle finger
Iyyam	-	Tip of ring finger

%ti fAk; khj j pi u mSTk;

'toqfpa thj k; khj j pi u xdwhfy;
toqfpa gjj k; j ddy; mi uthrp
moqFk; fgej hd; ml qfNa fhNyhby;
gpoqfpa rftwFg; grnfhdW kpyi yNa"
- Fz thfl ehb

The pulse is measured in wheat/grain expansile heights. The normal unit of pulse diagnosis is 1 for Vali (Vatham), ½ for Azhal (Pitham) and ¼ for Iyyam (Kapham).

g] pñz d; r] j h; ehb rh] j µk;

'ghhhehb awpeJ c z heJ gukd; nraYk; gpz pKi wAk;
eNuNahL kyryKk; epwKq; Fz K KffFwpAk;
rhNu apz qFqFoy; kl tlfhyd; Nwfk; taj psi k
Nj NuawpAK fehb newp;FwpAQ; nrwpAQ; nrhyNthNk"
- g] pñz d; r] j h; ehb rh] j µk;

As per sage Agathiyar, Naadi (pulse), Malam (stools), Salam (urine), Niram (complexion), Gunam (character), Mugakuri (facies), Thegam (constitution), Vayathu (age) and Elamai are the diagnostic tools.

mfj j pah; i tjj pa ujj pd RUf;fk;

'ehbahy; KdNdhh; nrhdd ewFwpFz qfshFk;
eba tppapdhYk; epdw ehl;FwpggpdhYk;
thba NkdipahYk; kyNkhL ehpdhYQ;
#ba tñahj p j di dr; fk; ngw twpeJ nrhyNy"

According to literature Agathiyar Vaithiya Rathina Surukkam, the diagnostic tools are Naadi, Vizhi, Kurigunam, Nalkurripu, Maeni, Malam and Neer.

2. TONGUE EXAMINATION (ehj Nj h;T)

"Kssha; ntbj J fUj j hd; Kdgp; ntSj J
j sshep Uz NI h NrHej hy; grej hy; - vvyhk;
eLthk; gygythk; ewrd; KdNdha;
XLeby; ehtpdNehJ."
- mfj j pah; i tjj pa rpej hkz p ntz gh- 4000

As per Agathiyar Vaithiya Sinthaamani Venba-4000, fissured and black tongue represent vitiated humor, pallor represents kabam, green colour represents Pitha humor and mixed appearance of these features resembles Sanni noi.

2. EXAMINATION OF COMPLEXION (C l yepw; Nj h;T)

~gi dthj Nj fepwq; fWj J epwFk;
i gj j paNj f epwkQrs; rptggj hNk
j hNk rPNyl;L kNj fepwk; ntS gG j hd;
nj heNj fk; , eehy; tñj khaepwFk;"
- j d;tej ðp (gj pz d; rñj j h; ehb rh] j µk)

In Vali,Azhal and Iyyam vitiations,the colour of the body will be black, yellow or red and fair respectively.

2. VOICE EXAMINATION (xyñ; Nj h;T)

'gyNuhfñ thhj i j g; gytñj khk; thj j;
j i yNuhfñ thhj i j r; rkkhFk; - epi yfl ej
ggj j Nuh fñf;Fc auej NgrRz i hk; rPNyl Lkej hd;
rj j k< drRukhk; j hd;"
- mfj j ðah; i tñj j ða rñej hkz p ntz gh – 4000

In vitiation of Vali, Azhal and Iyyam the voice will be normal, high pitched and low pitched respectively. By the voice, the strength of the body can also be assessed.

6. EYE EXAMINATION (fz ; Nj h;T)

gRi kahfñNa gwgNt NdhLfz ;tpp gddh;
nghrñA NkyJ thj khk; nghddp Ki l j j ha;
gñrñj khfñNa rñtej pLk; tpp Aahggj j
kñrñj khfñNa epwk; tppj UtJ kaNa
kpddñNuj j kha; kQrsNghy; tppj UQrddp
nghddp wj nj hL gRqfoy; Nghd;Wfh khi yfs;
fddfbg gtskhq; ff;Fth kpUky;
Yddpaggb Nej j µg; ghñ i r nad; Wz Nu
Fz ;Fwñ thj Nuhfñ; fWgnghL rptgGk; nehe;J
Jz Gd thAk; ggj j q; j ddñy; rñfñgGk; fhZ k;
gz Gl d; Nrj J kejh ehwpAk; i srhWk;
ntz rddp thj kgñi r kpFñpyyñ khi yahNk. mfj j ðah; 2000

In eye tears come as white colour denotes vatham, tears comes as golden colour and eye become red denotes pitham, tears comes as red or yellow denotes sannu. Sometimes eye become dark yellow. Eye become dark red denotes kakkuvan irumal.

In vatham eye will be black or red, in pitham red and burning sensation, in kabam bad smell and increased gummy secretion of the eye. Pasumai niram denotes sannipatham when it increased denotes jaundice.

5. TOUCH (nj hL c z hT)

'ntki k Fi wej hY kFfej hYk; thj gij k;
j ki k epi uepi uahar; rhwWthh; - ntki kadwp
rj Kkmt; thwhfpy; rNyl Lk nkhdWnj hej
kj Kkmt; thwhF Nky;"

- mfj j pah; i tjj pa rpej hkz p ntz gh - 4000

In Vali disease, some regions of the body are felt chill and in some areas they are hot. In Azhal disease, we can feel heat. In Iyya disease, chillness can be felt. In Thontham diseases, we can feel altered sensations.

6. FAECES EXAMINATION (kyj ; Nj hT)

kyfFwp thj Nuhf kyNkj j kf; fUfFk; gij j k;
fyfNt gRfFkyyr; rptgNghL fhZ k; rNyl j k;
ngyfNt ntz i k ahFky; yJrj kNgUe;
JyfFpa nj hej Nuhfk; gytj e; Nj hDkhNj .

-mfj j pah; 2000

In Vali stool become black, in Azhal green or red, in Iyyam white. Multicolour stool denote mukkutram.

7. URINE EXAMINATION (ehj ; Nj hT)

%j j pf; Fwps; Nfsha; nkhoj oLk; thj k; ntz i k
fhj j µ Kjj gjj e; rptgnghL rWfk; e&k;
Nrj ;Jk Nuhfej hDk; Ei unghL NrheJ tDk;
Rhj j µ gl Na nj hej k; gytj e; Nj hZ ej hNd.

-mfj j pah; 2000

If Vali increased urine become white, if Azhal increased urine become red with small amount, if Iyyam increased urine become frothy, if mukkutram increased urine have mixed signs.

epwf;Fwp neaf;Fwp eprraj j wFhpa eh; , yffz k;

“mUeJ khwpj Kk; mtNuhj kj ha;
m/fy; myhj y; mfhyTdj tthej ow;
Fwws tUej p c wqfp i tfi w
Mbfyrj ; j htNa fhJ nga;
nj hUK \$hj j fi fi yf;FI gL ehpd;
epwf;Fwp neaf;Fwp epUkj j y; fi Nd”

-Nj i uah;

ehpd; nghJ fi; Fz k;

“tej ehf; fhpnai l kz k; qi u vQrnyd;

i wejpa Ysi t ai wFJ ki wNa”

1. epwk;
2. vi l
3. kz k;
4. Ei u
5. vQry;

epwj ; nj hi f

“gjj k; nrki ki g fUi k ntz ; i k nad;

Nwhi j q; nfhOi ki a nahj ; J F eNu”

1. kQrs;

- rüz mgf;Ft eh; epwk;
- rüz ggf;Ft eh; epwk;
- kpF ntz ; i kahYz ; i hFk; eh; epwk;
- #l i l j j uw;Fwpa eh; epwk;
- mj pTI ; i pz eh; epwk;
- KddpYk; mj pTI ; i pz eh; epwk;

2. rptgG

- , uj j k; nghq;fpa eh; epwk;
- kpF muj j nfhj ; ggghYz ; i hFk; eh; epwk;
- KddpYk; mj pfkhfg; nghq;Fj yhYz ; i hFk; eh; epwk;

3. gri r

- rj s eh; epwk;
- tp\ j j hYz ; i hFk; rj s eh; epwk;
- kpF rj s eh; epwk;
- thj ggj j fgq;fi s nfLf;Fk; eh; epwk;
- Nkw;\$wpa Kk; kyq;fi s kpFTk; mj pfkhf nfLf;Fk; eh; epwk;

4. fUi k

- fhkhi y Nehi a j Uk; eh; epwk;
- c j pu nfLj p eh; epwk;
- c j pu j ; j Ofi f fhl ;Lk; eh; epwk;
- rpyj ; k thj f; nfLj p eh; epwk;

5. ntz i k

- Rj j rj s eh; epwk;
- rNyj j kj j pd; nfhj jgG eh; epwk;

COLOUR OF URINE

- Yellow colour – similar to straw soaked water – indigestion
- Lemon colour – good digestion
- Reddish yellow – heat in body
- Colour similar to flame of forest red or flame coloured – excessive heat
- Colour of saffron – extreme heat.

As per Sikicharathna theepam,

COLOUR OF URINE

PROGNOSIS

- | | | |
|---------------------------|---|---------------------------------|
| • Ruby red or milky white | - | Poor |
| • Honey | - | Slow and take long time to cure |
| • Golden yellow | - | Good |

8.NEIKKURI (neaf;Fwp)

neaf;Fwp pd; rpwgG

I f;Fwp nfhLtl thdp ykheNj hh;
 I f;Fwp nj hj j eqfI Ti sj ; J j j Nj
 nka;Fwp epwenj hz p tpeh , Ukyk;
 i ff;Fwp KOtJhc q; fwwhh; j kkpDk;
 ngha;Fwp nka;Fwp GfY nkth;Fk;
 nea;Fwp mj i d , eelz lyj ; Ji ugghk;

vz nz a; tp lg; gh;Fk; ehpd; tj p

epwf;Fwp; Fi wj j epUkhz ehv;
 rpwf;f ntz nz aNthh; rpwJ sp eLtpLj ;
 nj d;Wwj ; j pwenj hyp Vfjh i kj j j p
 d;pdwj pti y Nghk; newptopawpTk;
 nrdwJ GfYQ; nraj pi a Az Nu

The spreading pattern of oil drop is the indication of Vali, Azhal and Iyyam diseases

1. Aravu (Snake Pattern of spread) indicates Vali disease.
2. Mothiram (Ring Pattern of spread) indicates Azhal disease.
3. Muthu (Pearl Pattern of spread) indicates Iyyam disease.

In Neikkuri, the rapid spread of oil drop, Pearl beaded and Sieve type of spreading pattern indicates Asathiyam (incurable) state of the disease. From this, we can assess the prognosis by the Neikkuri.

SPREADING PATTERN OF OIL	INTERVENTION
• Lengthening	- Vali
• Ring	- Azhal
• Sieve	- Iyyam
• Stands as a drop	- Poor prognosis
• Slowly spreads	- Good prognosis
• Drop immerses into the urine	- Incurable disease

MANIKADAI NOOL (Wrist circumetric sign)

“fkyfi f kz pfi fapy; faW #j j µk;
tþkyNd Nehf;fNa NtI khK dþ
j þkpyhk; gþz þaJ Nrur; nrggþNa
mkydh K dþfF KddUsþ; nraj Nj ”
- gj þnz d; rþj j h; ehb Eþy;

According to the Pathinen Siddhar Naadinool, Manikadainool is also helpful in diagnosis. This manikkadai nool is a parameter to diagnose the disease by measuring the circumference of the wrist by means of a thread and then dividing the measured circumference with the patient’s finger. By this measurement the disease can be diagnosed.

When the Manikkadai nool is 11 fbs, the person will be stout and he will live a healthy life for many years. When the Manikkadai nool measures between 4 to 6, it indicates poor prognosis of disease and the severity of the illness will be high and it leads to death.

ALAVU

INFERENCE

- 10 fbs - Pricking pain in chest and limbs, gastritis and ulcer result.
- 9 ¾ fbs - Fissure, dryness and cough will be resulted.
- 9 ½ fbs - Odema, increased body heat, burning sensation of eye, fever, mega noi and anorexia.
- 9¼ fbs - Dysuria, insomnia, sinusitis and burning sensation of eye.
- 9 fbs - Impaired hearing, pain around waist, thigh pain, unable to walk.
- 8¾ fbs - Increased body heat, skin disease due to toxins, abdominal discomfort, cataract, sinusitis.
- 8½ fbs - Leucorrhoea, Venereal disorder and infertility will occur.
- 8¼ fbs - Stout and painful body, Headache, sinusitis, and toxins induced cough.
- 8 fbs - Abdominal discomfort, gastritis, anorexia and venereal diseases
- 7¾ fbs - Piles, burning sensation of limbs, headache, numbness occur. Within 2 years cervical adenitis and epistaxis results.
- 7½ fbs - Osteoporosis, abdominal discomfort, burning sensation of eyes, increased body temperature. Within 6 days all the joints of the limbs presents a swelling.
- 7¼ fbs - Lumbar pain, increased pitha in head, anemia, eyepain, odema and somnolence.
- 7 fbs - Pitham ascends to head, haemetemesis, phlegm, burning sensation of limbs and constipation.
- 6¾ fbs - Eye ache, dizziness, testis disorder. Within 3 years it causes anuria, pain and burning sensation over limbs, facial sweatin results.

- 6½ fbs - Thirst, anorexia, increased body heat and vatham results.
- 6¼ fbs - Diarrhoea, belching, vommiting and mucous dysentery.
- 6 fbs - Reduced weight, phlegm in chest. It results in death within 20 days.
- 5¾ fbs - Delirium dizziness, loss of conciousness. It results in death even if the patient takes gruel diet.
- 5½ fbs - Severity of illness is increased. Toxins spread to the head. Tooth darkens. Patient will die in 10 days.
- 5¼ fbs - Patient seems to be sleepy and death results on the next day.
- 5 fbs - Pallor and dryness of the body. Kapham engorges the throat and the person will die.
- 4¾ fbs - Dryness of tongue and tremor present. Patient will die in 7 days.
- 4½ fbs - Shrunkn eyes, odmea will present and death result in 9 days.
- 4¼ fbs - Tremor, weakness of limbs and darkening of face occurs. Finally death results in 2 days.
- 4 fbs - Pedal odema will be present. Patient will die in 5 days.

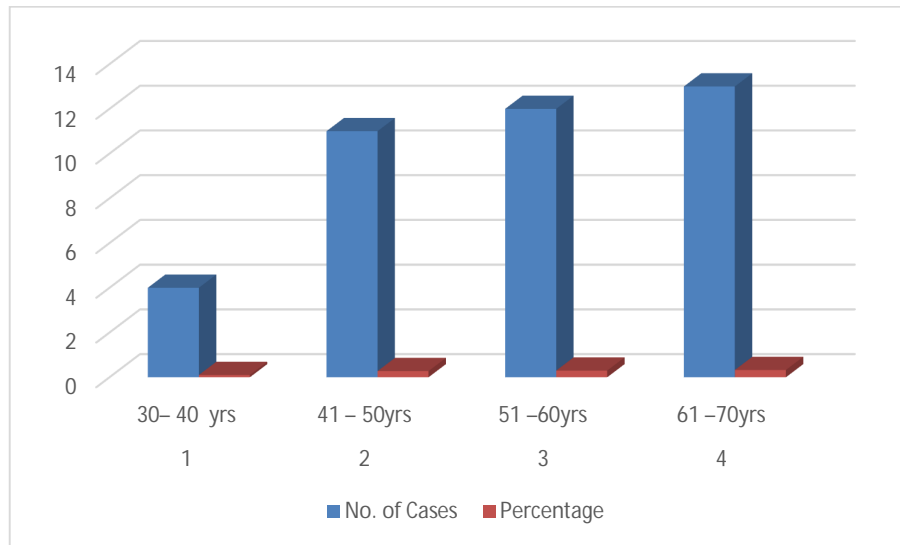
OBSERVATION AND RESULTS

7. OBSERVATION AND RESULTS

7.1. AGE DISTRIBUTION

TABLE 1

Sl. No.	Age	No. of Cases	Percentage
1.	30– 40 yrs	4	10%
2.	41 – 50yrs	11	27.5%
3.	51 –60yrs	12	30%
4.	61 –70yrs	13	32.5%



OBSERVATION

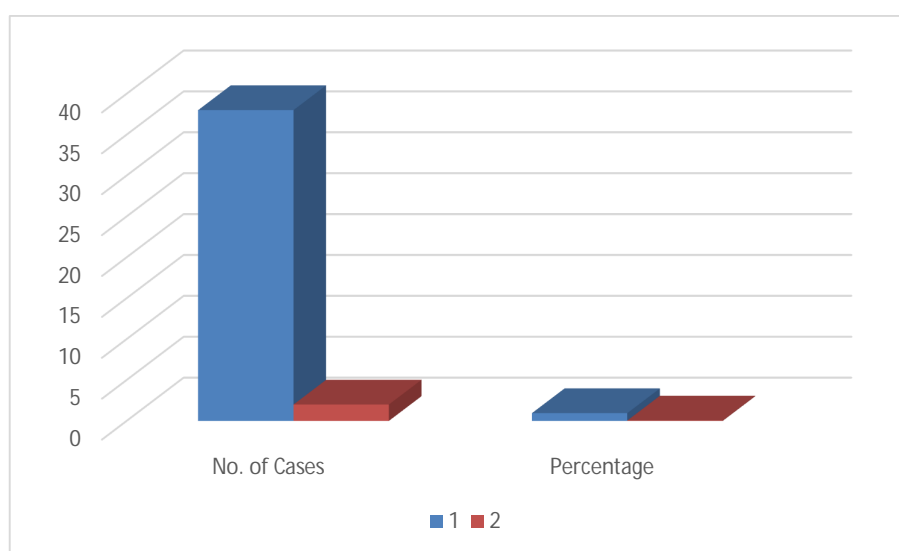
Among the 40 cases, 10% of cases comes under 30-40 years, 27.5% of cases under 41-50, 30% of cases comes under 51-60, 32.5% of cases comes under 61-70.

INFERENCE

Majority of cases comes under 61-70 years.

7.2. DISTRIBUTION OF GENDER**TABLE 2**

Sl.No.	Sex	No. of Cases	Percentage
1.	Male	38	95%
2.	Female	2	5%

**OBSERVATION**

Among 40 cases, 95% of cases comes under Male, 5% of cases comes under Female.

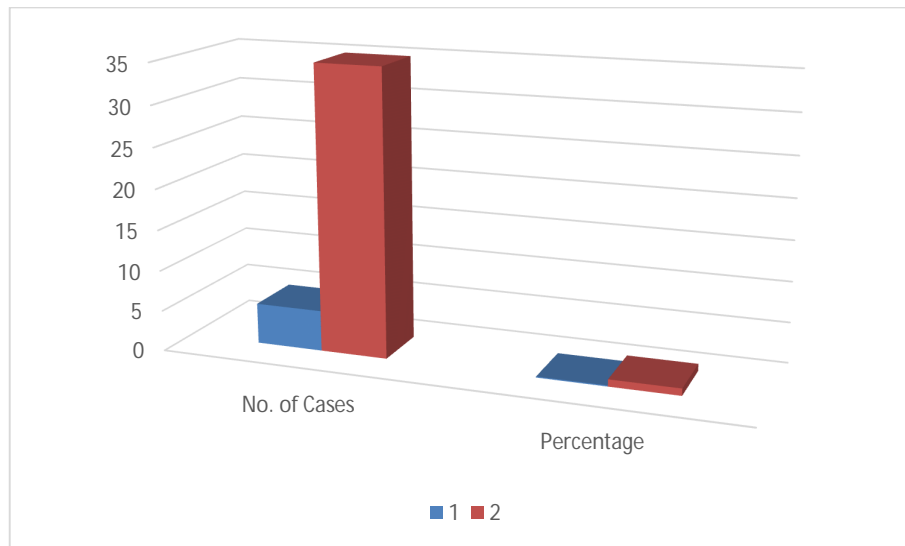
INFERENCE

Majority of cases comes under Male.

7.3. FOOD HABITS

TABLE 3

Sl.No.	Diet	No. of Cases	Percentage
1.	Vegetarian	5	12.5%
2.	Mixed diet	35	87.5%



OBSERVATION

Among 40 cases, 12.5% of cases comes under vegetarian, 87.5% of cases comes under mixed diet.

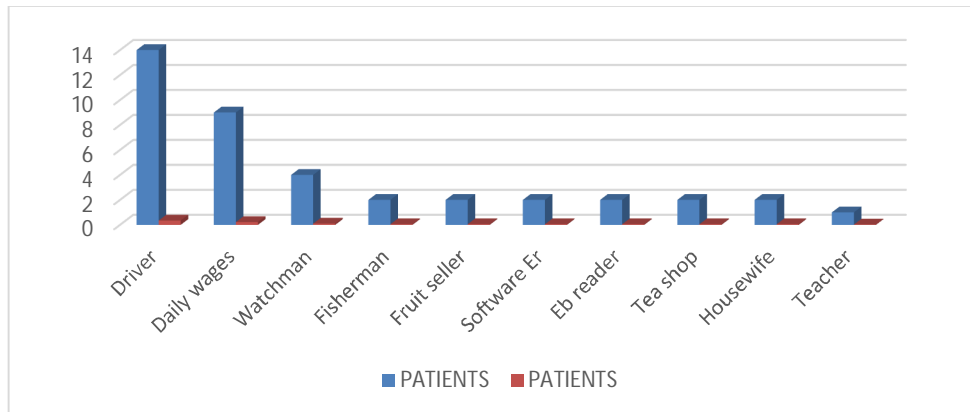
INFERENCE

Majority of cases comes under mixed diet.

7.4 OCCUPATION

TABLE 4

OCCUPATION	PATIENTS	
	NO	PERCENTAGE %
Driver	14	35%
Daily wages	9	22.5%
Watchman	4	10%
Fisherman	2	5%
Fruit seller	2	5%
Software Er	2	5%
Eb reader	2	5%
Tea shop	2	5%
Housewife	2	5%
Teacher	1	2.5%
Total	40	100%



OBSERVATION

Among 40 cases, 35% of comes under Driver, 22.5% of cases comes under Daily wages, 10% of cases comes under Watchman, 5% of cases comes under Fisherman, 5% of cases comes under software engineer, 5% of cases comes under Eb reader, 5% of cases comes under tea shoper, 5% of cases comes under house wife, 1% of cases comes under Teacher.

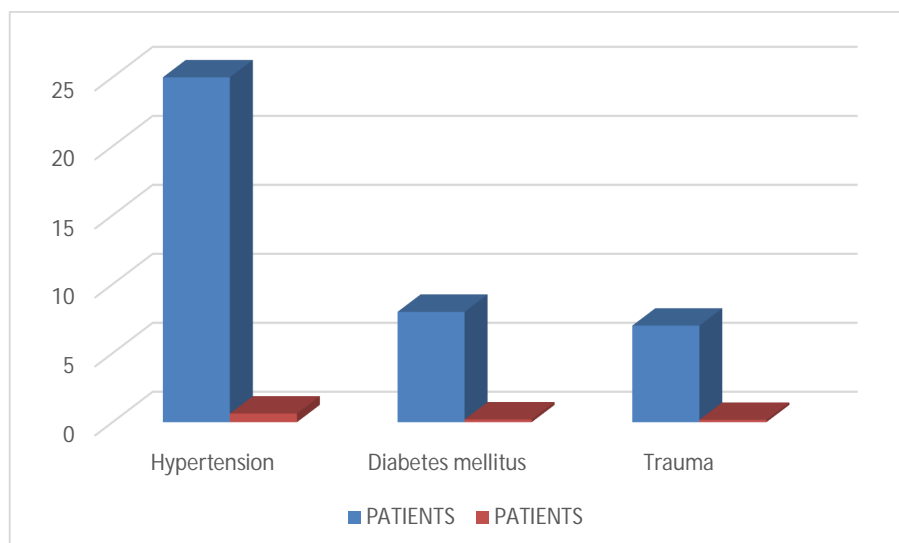
INFERENCE

Majority of cases comes under Driver.

7.5. ETIOLOGY OF PATCHAVATHAM

TABLE 5

ETIOLOGY	PATIENTS	
	NO	PERCENTAGE%
Hypertension	25	62.5%
Diabetes mellitus	8	20%
Trauma	7	17.5%
Total	40	100%



OBSERVATION

Among 40 cases, 62.5% cases comes under hypertension, 20% of cases comes under diabetes mellitus, 17.5% of cases comes under trauma.

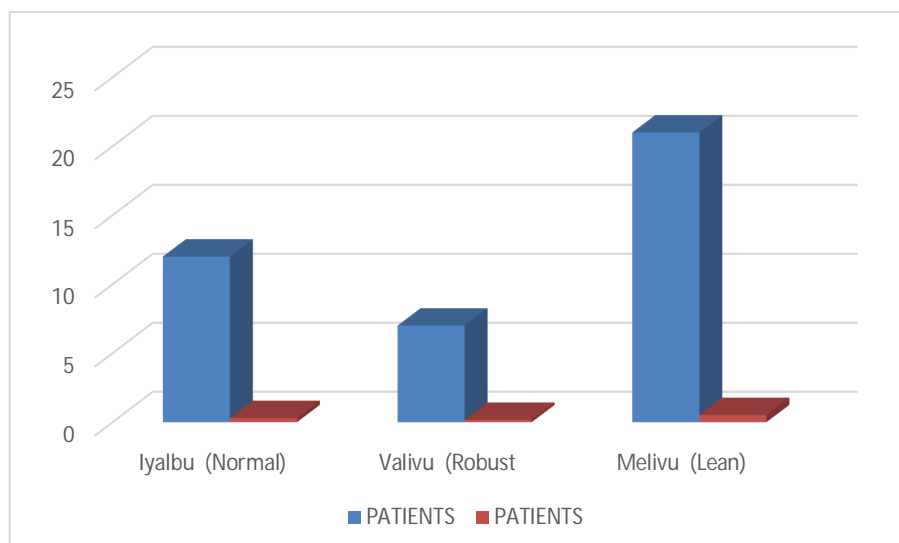
INFERENCE

Majority of cases comes under hypertension(62.5%)

7.6. UDAL VANMAI

TABLE 6

UDAL VANMAI	PATIENTS	
	NO	PERCENTAGE%
Iyalbu (Normal)	12	30%
Valivu (Robust	7	17.5%
Melivu (Lean)	21	52.5%
Total	40	100%



OBSERVATION

Among 40 cases, 30% of case comes under iyalbu, 17.5% of cases comes under valivu, 52.5% of cases comes under Melivu.

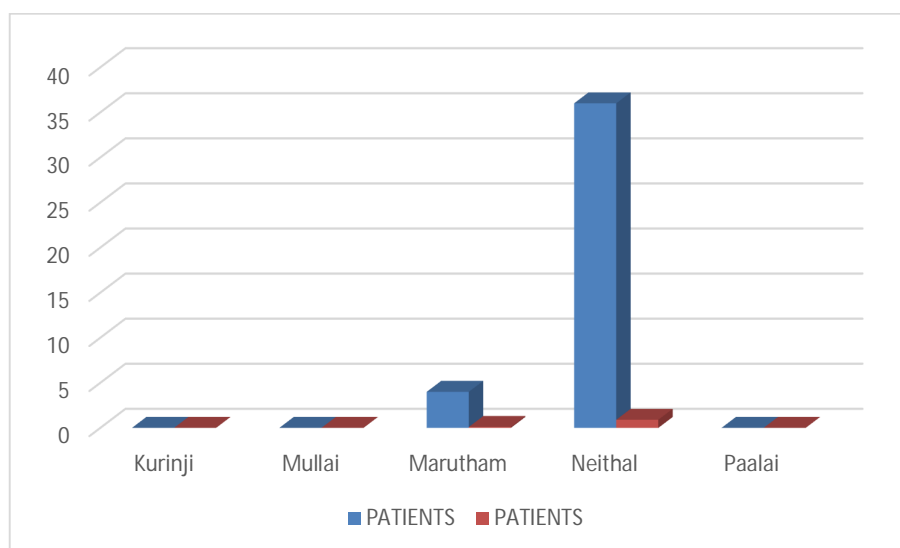
INFERENCE

Majority of cases comes under melivu.

7.7. NILAM

TABLE 7

NILAM	PATIENTS	
	NO	PERCENTAGE%
Kurinji	0	0
Mullai	0	0
Marutham	4	10%
Neithal	36	90%
Paalai	0	0
Total	40	100%



OBSERVATION

Among 40 cases, 10% of case comes under Marutham, 90% of cases comes under Neithal.

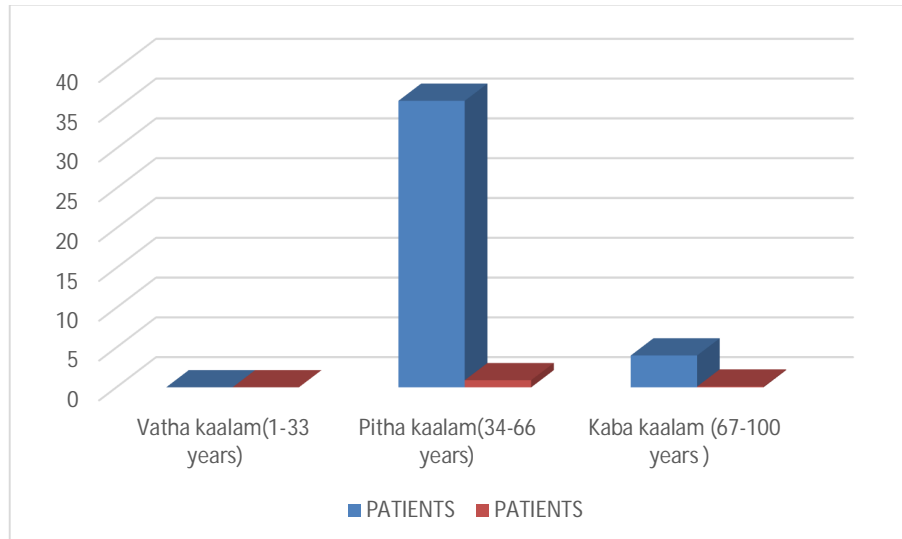
INFERENCE

Majority of cases comes under Neithal.

7.8 KAALAM DISTRIBUTION

TABLE 8

AGE	PATIENTS	
	NO	PERCENTAGE%
Vatha kaalam(1-33 years)	0	0%
Pitha kaalam(34-66 years)	36	90%
Kaba kaalam (67-100 years)	4	10%
Total	40	100%



OBSERVATION

Among 40 cases, 90% of case comes under Pitha kaalam, 10% of cases comes under kabam.

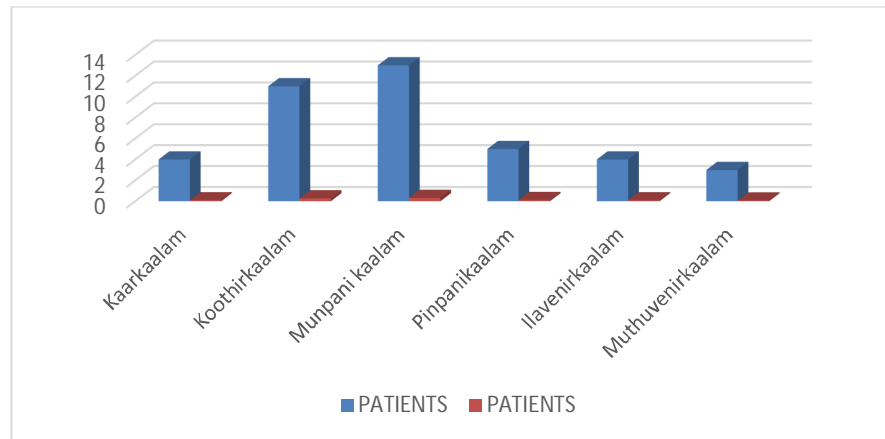
INFERENCE

Majority of cases comes under Pitham kaalam.

7.9. NOI UTRA KALAM

TABLE 9

NOI UTRA KAALAM	PATIENTS	
	NO	PERCENTAGE%
Kaarkaalam	4	10%
Koothirkaalam	11	27.5%
Munpani kaalam	13	32.5%
Pinpanikaalam	5	12.5%
Ilavenirkaalam	4	10%
Muthuvenirkaalam	3	7.5%
TOTAL		100%



OBSERVATION

Among 40 cases, 10% of case comes under Karkaalam, 27.5% of cases comes under koothirkaalam, 32.5% of cases comes under Munpanikaalam, 12.5% comes under Pinpanikaalam, 10% of cases comes under Ilavenil, 7.5% of cases comes under Mudhuvenil.

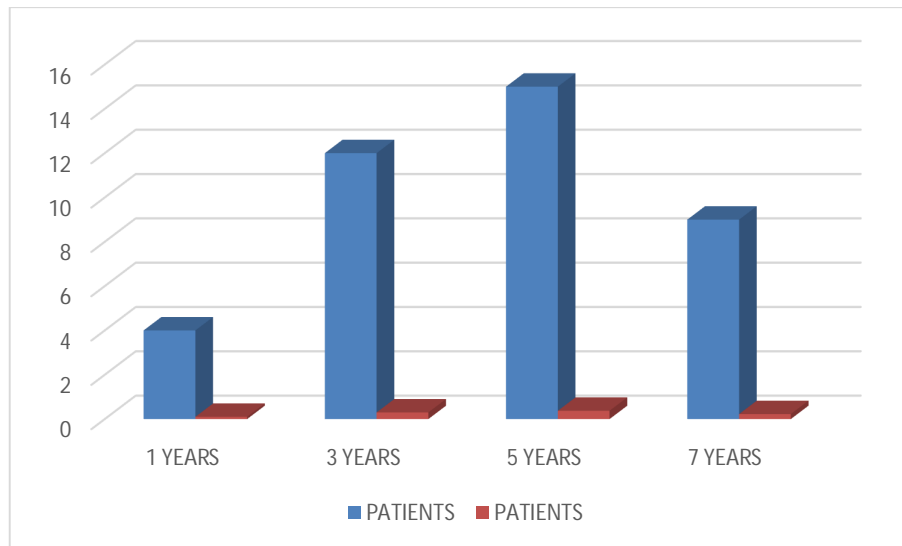
INFERENCE

Majority of cases comes under Munpanikaalam.

7.10 DURATION OF ILLNESS

TABLE.10

DURATION	PATIENTS	
	NO	PERCENTAGE%
1 YEARS	4	10%
3 YEARS	12	30%
5 YEARS	15	37.5%
7 YEARS	9	22.5%
TOTAL	40	100%



OBSERVATION

Among 40 cases, 10% of case comes under 1 year, 30 % of cases comes under 3 years, 37.5% of cases comes under 5 years. 22.5% of cases comes under 7 years.

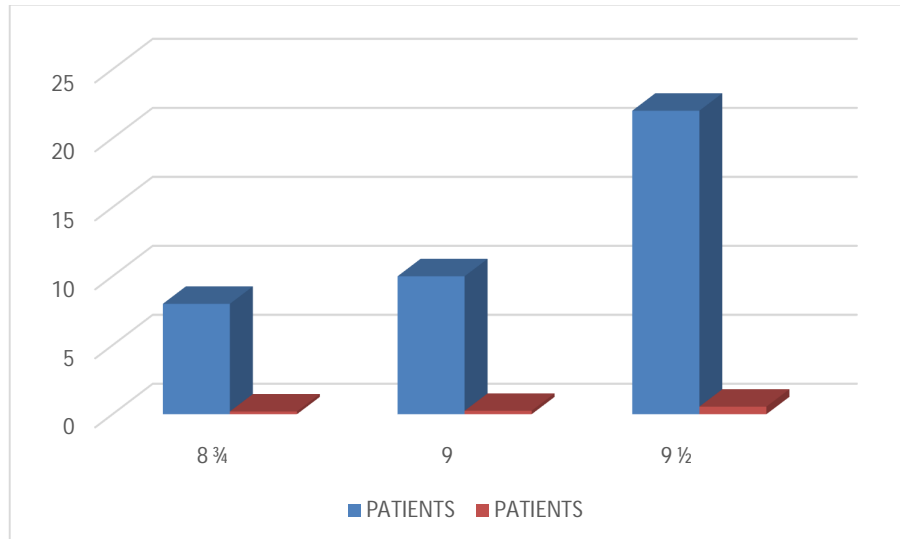
INFERENCE

Majority of cases comes under 5 years.

7.11 MANIKKADAI ALAVU

TABLE 11

MANIKKADAI ALAVU (Finger breadths)	PATIENTS	
	NO	PERCENTAGE%
8 $\frac{3}{4}$	8	20%
9	10	25%
9 $\frac{1}{2}$	22	55%
TOTAL	40	100%



OBSERVATION

Among 40 cases, 20% of case comes under 8 $\frac{3}{4}$, 25% of cases comes under 9, 55% of cases comes under 9 $\frac{1}{2}$.

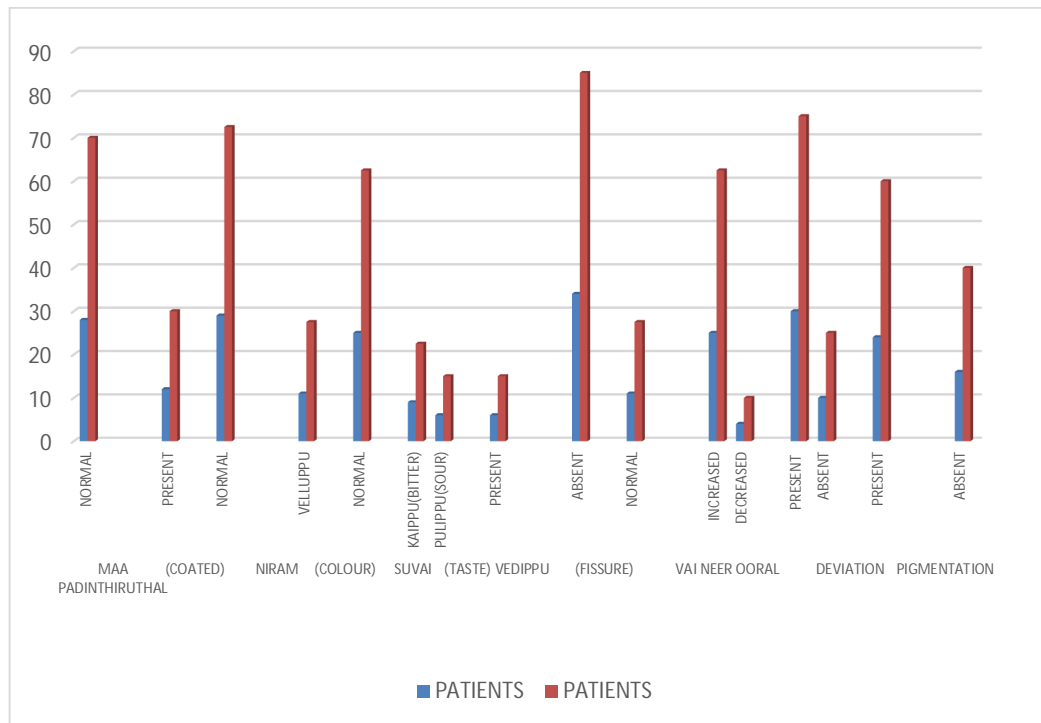
INFERENCE

Majority of cases comes under 9 $\frac{1}{2}$.

7.12 NAA

TABLE 12

NAA		PATIENTS	
		NO	PERCENTAGE
MAA PADINTHIRUTHAL (COATED)	NORMAL	28	70%
	PRESENT	12	30%
NIRAM (COLOUR)	NORMAL	29	72.5%
	VELLUPPU	11	27.5%
SUVAI (TASTE)	NORMAL	25	62.5%
	KAIPPU(BITTER)	9	22.5%
	PULIPPU(SOUR)	6	15%
VEDIPPU (FISSURE)	PRESENT	6	15%
	ABSENT	34	85%
VAI NEER OORAL (SALIVATION)	NORMAL	11	27.5%
	INCREASED	25	62.5%
	DECREASED	4	10%
DEVIATION	PRESENT	30	75%
	ABSENT	10	25%
BLACK PIGMENTATION	PRESENT	24	60%
	ABSENT	16	40%



OBSERVATION

Among 40 cases, in maa padithal 70% of cases comes under present, 30% of cases comes under absent. In niram 22.5% of cases comes under velluppu. 72.5% of cases comes under normal. In suvai 62.5% of cases comes under normal, 22.5% of cases comes under kaippu, 15% of cases comes under pulippu. In vedippu 15% of cases comes under present, 85% of cases comes under absent, In vaai neer ooral 27.5% of cases comes under normal, 62.5% of cases comes under increased, 10% of case comes under decreased. In Deviation 75% of cases comes under present, 25% of cases comes under absent. In pigmentation 60% of cases comes under present, 40% of cases comes under absent.

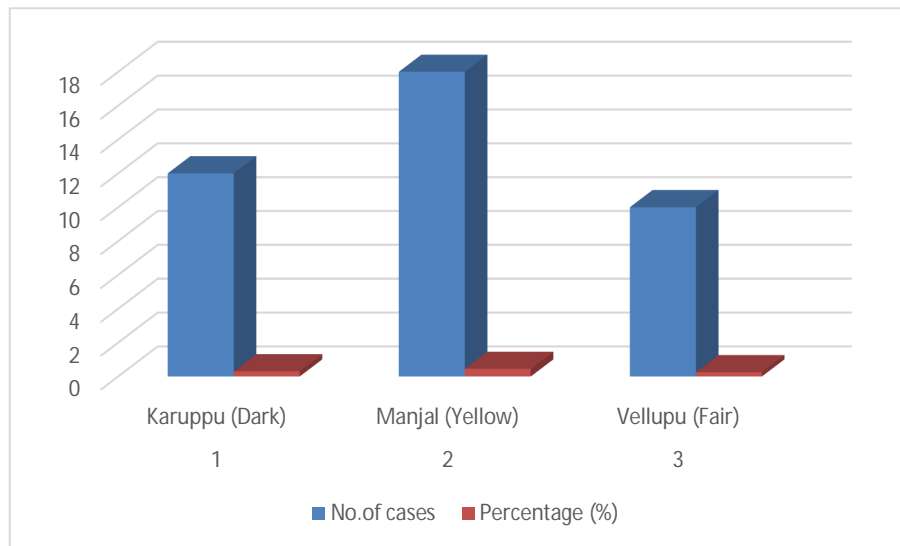
INFERENCE

Majority of cases comes under In maa padithal 70% of cases comes under present, In Niram 72.5% of case comes under normal. In suvai 62.5% of cases comes under normal. In vedippu 85% of cases comes under absent. In vai neer ooral 62.5% of cases comes under increased. In deviation 75% of cases comes under present. In pigmentation 60% of cases comes under present.

7.13 NIRAM

TABLE 13

S.No	Colour of skin	No.of cases	Percentage (%)
1	Karuppu (Dark)	12	30%
2	Manjal (Yellow)	18	45%
3	Vellupu (Fair)	10	25%



OBSERVATION

Among 40 cases, 30% of case comes under karuppu, 45% of cases comes under manjal, 25% of cases comes under veluppu.

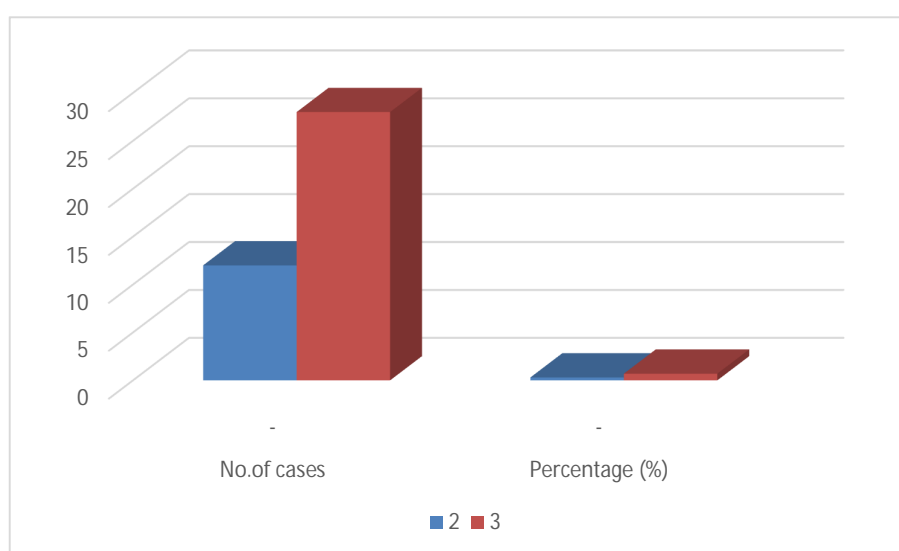
INFERENCE

Majority of cases comes under manjal.

7.14 MOZHI

TABLE 14

S.No	Pitch	No.of cases	Percentage (%)
1	High pitch	-	-
2	Moderate pitch	12	30%
3	Low pitch	28	70%



OBSERVATION

Among 40 cases, 0% of case comes under high pitch, 30% of cases comes under moderate pitch, 70% of cases comes under low pitch.

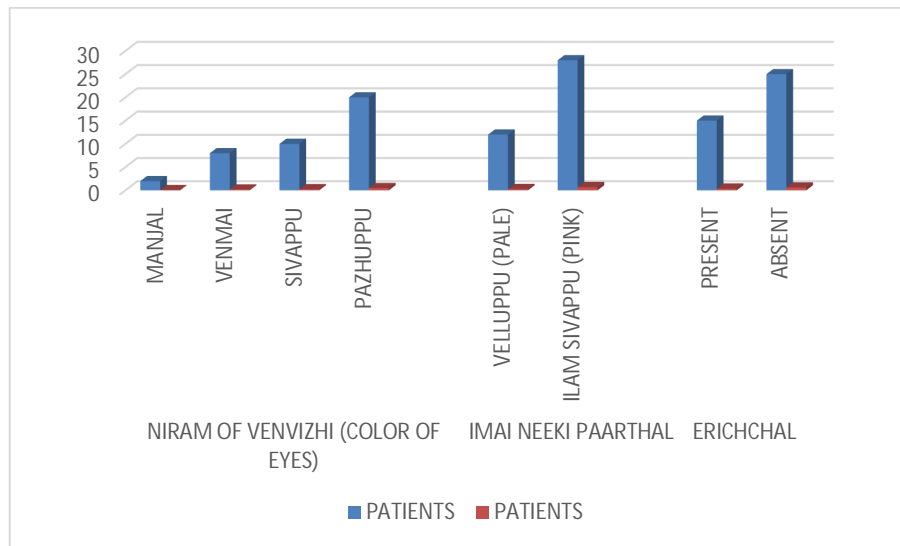
INFERENCE

Majority of cases comes under low pitch.

7.15 VIZHI

TABLE 15

VIZHI		PATIENTS	
		NO	PERCENTAGE
NIRAM OF VENVIZHI (COLOR OF EYES)	MANJAL	2	5%
	VENMAI	8	20%
	SIVAPPU	10	25%
	PAZHUPPU	20	50%
	TOTAL	40	100%
IMAI NEEKI PAARTHAL	VELLUPPU (PALE)	12	30%
	ILAM SIVAPPU (PINK)	28	70%
	TOTAL	40	100%
ERICHCHAL	PRESENT	15	37.5%
	ABSENT	25	62.5%
	TOTAL	40	100%



OBSERVATION

Among 40 cases, In niram of ven vizhi 5% of case comes under manjal, 20% of cases comes under venmai, 25% of cases comes under sivappu, 50% of case comes under pazhuppu. In imai neeki paarthal 30% of case comes under veluppu, 70% of case comes under ilam sivappu. In erichal 37.5% of case comes under present, 62.5% of case comes under absent.

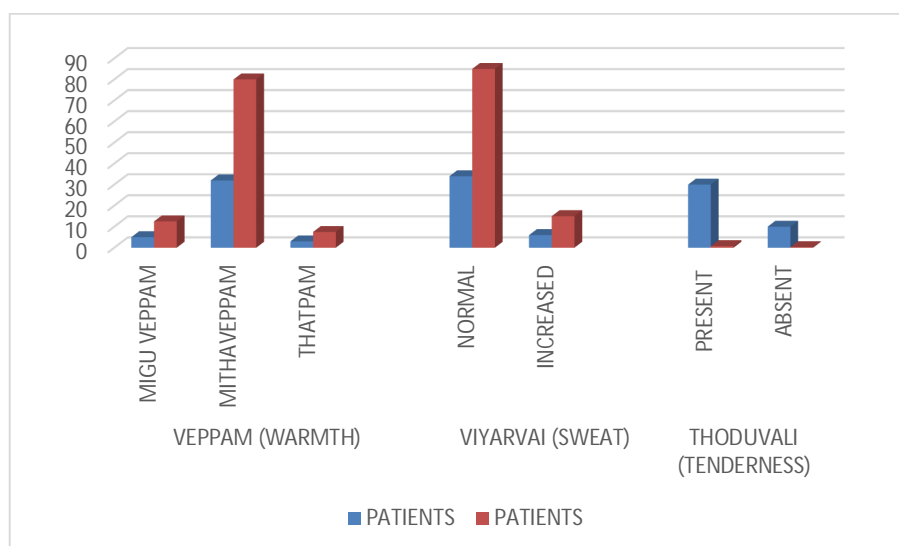
INFERENCE

Majority of cases . In niram of ven vizhi 50% of case comes under pazhuppu. . In imai neeki paarthal 70% of case comes under ilam sivappu. In erichal 62.5% of case comes under absent.

7.16 MEIKURI

TABLE16

MEIKURI (PHYSICAL SIGNS)		PATIENTS	
		NO	PERCENTAGE
VEPPAM (WARMTH)	MIGU VEPPAM	5	12.5%
	MITHAVEPPAM	32	80%
	THATPAM	3	7.5%
	TOTAL	40	100%
VIYARVAI (SWEAT)	NORMAL	34	85%
	INCREASED	6	15%
	TOTAL	40	100%
THODUVALI (TENDERNESS)	PRESENT	10	25%
	ABSENT	30	75%
	TOTAL	40	100



OBSERVATION

Among 40 cases, In veppam, 12.5% of case comes under migu veppam, 80% of cases comes under mitha veppam, 7.5% of cases comes under thatpam. In viyarvai 85% of cases comes under normal, 15% of cases comes under increased. In thodu vali 75% of cases comes under absent, 25% of cases comes under present.

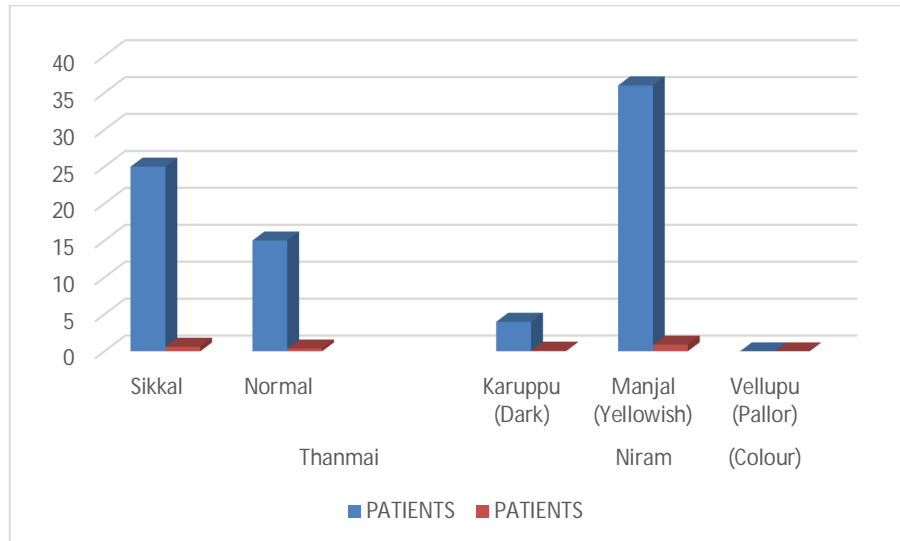
INFERENCE

Majority of cases In veppam, 80% of cases comes under mitha veppam. In viyarvai 85% of cases comes under normal. In thodu vali 75% of cases comes under absent.

7.17 MALAM

TABLE 17

MALAM		PATIENTS	
		NO	PERCENTAGE %
Thanmi	Sikkal	25	62.5%
	Normal	15	37.5%
	TOTAL	40	100%
Niram (Colour)	Karuppu (Dark)	4	10%
	Manjal (Yellowish)	36	90%
	Vellupu (Pallor)	0	0
	Total	40	100%



OBSERVATION

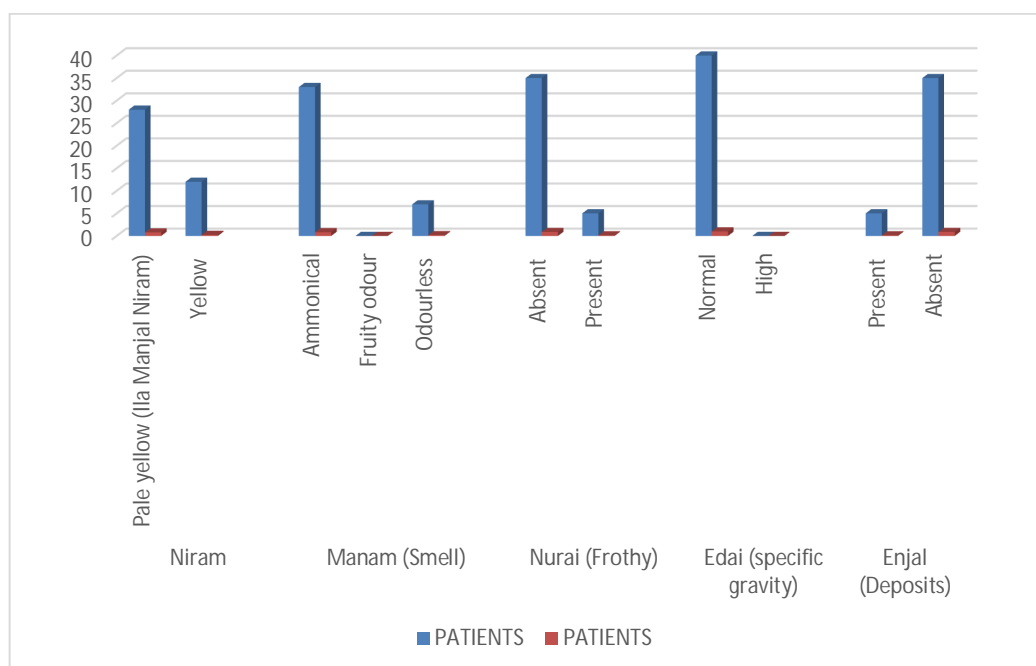
Among 40 cases, 62.5% of case comes under sikkal, 37.5% of cases comes under normal. In niram, 4% of cases comes under karuppu. 90% of cases comes under manjal, 0% of cases comes under veluppu.

INFERENCE

Majority of cases comes under sikkal. In niram comes under manjal.

7.18. NEERKURI**TABLE 18**

NEERKURI	PROPERTIES	PATIENTS	
		NO	%
Niram	Pale yellow (Ila Manjal Niram)	28	77.5%
	Yellow	12	22.5%
Manam (Smell)	Ammonical	33	83.5%
	Fruity odour	0	0
	Odourless	7	17.5%
Nurai (Frothy)	Absent	35	87.50%
	Present	5	12.50%
Edai (specific gravity)	Normal	40	100%
	High	0	0%
Enjal (Deposits)	Present	5	12.5%
	Absent	35	87.5%



OBSERVATION

Among 40 cases, In niram 77.5% of case comes under pale yellow, 22.5 % of cases comes under yellow. In manam 83.5% of cases comes under ammonical, 17.5. % of cases comes under odourless.. In nurai, 87.5 % of case comes under absent, 12.5% of cases comes under present. In edai 100 % of cases comes under normal.. In enjal 12.5% of case comes under present, 87.5% of cases comes under absent.

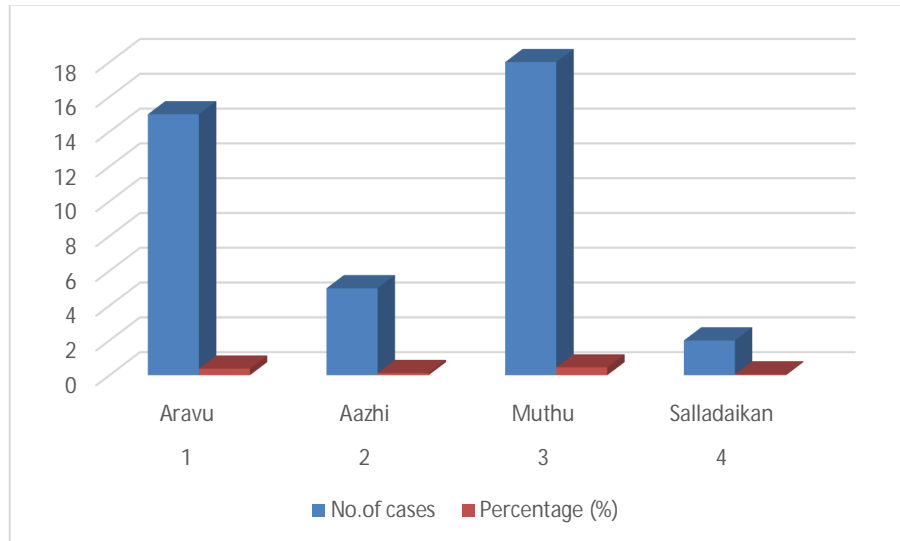
INFERENCE

Majority of cases In niram 77.5% of case comes under pale yellow. In manam 83.5% of cases comes under ammonical. In manam 83.5% of cases comes under ammonical. In enjal 87.5% of cases comes under absent.

7.19 NEIKURI

TABLE 19

S.No	Neikuri	No.of cases	Percentage (%)
1	Aravu	15	37.5%
2	Aazhi	5	12.5%
3	Muthu	18	45%
4.	Salladaikan	2	5%
	TOTAL	40	100%



OBSERVATION

Among 40 cases, 37.5% of case comes under vatham, 12.5% of cases comes under pitham, 45% of cases comes under kabam, 5% of cases comes under salladaikan.

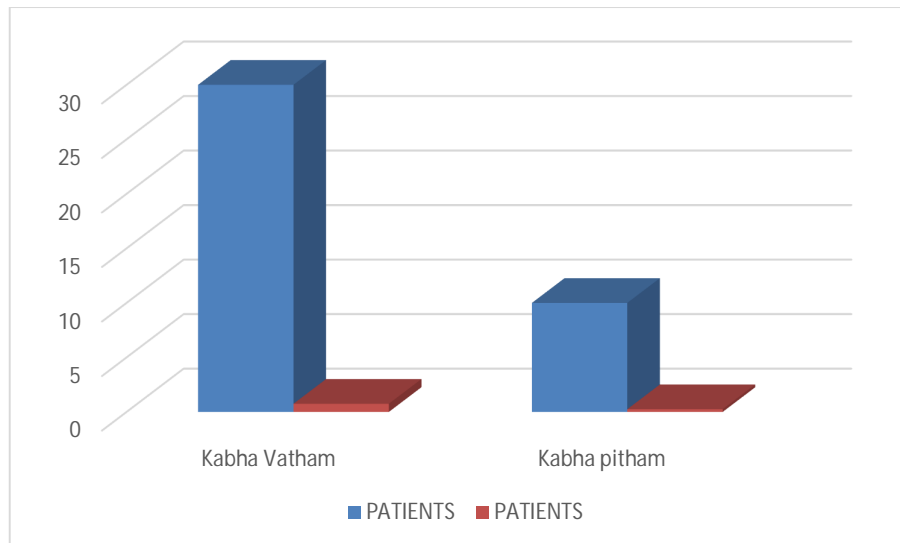
INFERENCE

Majority of cases comes under 37.5% vatham.

7.20 NAADINADAI

TABLE.20

	PATIENTS	
	NO	PERCETAGE%
Kabha Vatham	30	75%
Kabha pitham	10	25%
Total	40	100



OBSERVATION

Among 40 cases, 25% of case comes under pitha vatham, 75% of cases comes under kabha vatham, 20% of cases comes under kabha pitham.

INFERENCE

Majority of cases comes under 75% kabha vatham.

TABLE SHOWING MRI SCAN – BRAIN REPORTS OF PATCHAVATHAM**TABLE 21**

SL.No	OP.NO	AGE/SEX	INFERENCE OF MRI SCAN - BRAIN
1.	3570	60/M	MULTIPLE LACUNAR INFARCT IN CORANA RADIATA
2.	3571	63/M	MULTIPLE INFARCTS IN MCA
3.	1202	53/M	MULTIPLE LACUNAR INFARCT IN CORANA RADIATA
4.	1140	67/M	CHRONIC INFARCT IN RIGHT OCCIPITAL REGION
5.	1141	55/M	MULTIPLE INFARCTS IN MCA
6.	1142	39/M	MULTIPL INFARCTS IN PARITO OCCIPITAL LOBE
7.	1149	47/M	CHRONIC INFARCT IN RIGHT OCCIPITAL REGION
8.	2490	55/F	MULTIPLE LACUNAR INFARCT IN CORANA RADIATA
9.	4110	47/M	MULTIPLE INFARCTS IN MCA
10.	5870	60/M	MULTIPL INFARCTS IN PARITO OCCIPITAL LOBE
11.	5941	60/M	CHRONIC INFARCT IN RIGHT OCCIPITAL REGION
12.	6040	38/M	ACUTE INFARCT IN LEFT MCA
13.	8564	57/M	MULTIPLE INFARCTS IN MCA
14.	8705	41/M	MULTIPL INFARCTS IN PARITO OCCIPITAL LOBE
15.	8716	42/M	CHRONIC INFARCT IN RIGHT OCCIPITAL REGION
16.	9221	49/M	MULTIPLE LACUNAR INFARCT IN CORANA RADIATA
17.	2087	45/F	CHRONIC INFARCT IN RIGHT OCCIPITAL REGION
18.	1527	50/M	OLD INFARCT IN PONS CEREBELLAR REGION
19.	3378	55/M	RIGHT MCA TERRITORY INFARCT

20.	9281	55/M	OLD INFARCT IN PONS CEREBELLAR REGION
21.	2730	45/M	INFARCTS IN MCA
22.	3741	65/M	ACUTE NON HAEMORRHAGIC INFARCT IS SEEN INVOLVING THE LEFT BASAL GANGLION & INTERNAL CAPSULE
23.	4921	60/M	MULTIPLE INFARCT IN CEREBELLAR REGION
24.	6731	56/M	ACUTE INFARCT IN THE LEFT MCA TERRITORY
25.	9948	60/M	CHRONIC LACUNAR INFARCT ON THE LEFT SIDE WITH VALLERIAN DEGENERATION
26.	605	51/M	ACUTE INFARCT IN CORONA RADIATA
27.	2059	59/M	CHRONIC INFARCT IN RIGHT OCCIPITAL REGION
28.	2084	50/M	MULTIPLE INFARCTS IN MCA
29.	2438	61/M	MULTIPLE LACUNAR INFARCT IN CORONA RADIATA
30.	7097	41/M	MULTIPLE INFARCTS IN MCA
31.	1386	54/M	MULTIPLE INFARCTS IN PARITO OCCIPITAL LOBE
32.	2871	67/M	ACUTE INFARCT IN RIGHT POS INF CEREBELLAR ARTERY TERRITORY, CHRONIC INFARCT IN RIGHT OCCIPITAL REGION
33.	2132	61/M	MULTIPLE INFARCTS IN MCA
34.	6387	58/M	MULTIPLE INFARCTS IN PARITO OCCIPITAL LOBE
35.	1519	43/M	INFARCT IN LEFT MCA
36.	101	56/M	MULTIPLE INFARCTS IN MCA
37.	2494	40/M	CHRONIC INFARCT IN RIGHT OCCIPITAL REGION
38.	5217	61/M	MULTIPLE INFARCTS IN MCA
39.	6682	67/M	MULTIPLE LACUNAR INFARCT IN CORONA RADIATA
40.	170	55/M	MULTIPLE INFARCTS IN PARITO OCCIPITAL LOBE

ENVAGAI THERVU

TABLE 22

Sl. N.	Op No	Age/ Sex	Naadi	Naa	Niram	Mozhi	Vizhi	Malam	Moothiram		Sparism	Manikadai alavu
									Neer kuri	Neikuri		
1	3570	60/M	Kaba vatham	Maa padithal, vedippu, vai neer ooral, deviation	karuppu	thzantha oli	Sivappu, erichal	Manjal, sikkal	ilamanjal	Muthu	Mithaveppam	8 ¾
2	3571	63/M	Kaba vatham	Vellupu, kaippu, black pigmentation	manjal	thzantha oli	pazhuppu	manjal	ilamanjal	Aravu	Mithaveppam	8 ¾
3	1202	53/M	Kaba vatham	Pulippu, vai neer ooral, deviation	manjal	thzantha oli	venmai	manjal sikkal	manjal	Muthu	Mithaveppam, viyarvai	9
4	1140	67/M	Kaba pitham	Vellupu, vedippu, deviation, black pigmentation	vellupu	thzantha oli	Sivappu, erichal	manjal sikkal	ilamanjal	Muthu	Miguveppam, thoduvali	9 ½
5	1141	55/M	Kaba vatham	Pulippu, vai neer ooral, deviation	karuppu	sama oli	pazhuppu	manjal	Manjal, nurai	Aravu	Mithaveppam	9 ½
6	1142	39/M	Kaba vatham	Maa padithal, kaippu, deviation	manjal	sama oli	pazhuppu	karuppu sikkal	ilamanjal	Aali	Mithaveppam	9 ½
7	1149	47/M	Kaba vatham	vai neer ooral, deviation, black pigmentation	manjal	thzantha oli	pazhuppu	manjal sikkal	manjal	Muthu	Mithaveppam	9 ½
8	2490	55/F	Kaba vatham	Vellupu, vai neer ooral black pigmentation	manjal	samaoli	Sivappu, erichal	manjal	ilamanjal	Aravu	Thatpam, viyarvai	9 ½
9	4110	47/M	Kaba pitham	Maa padithal, vai neer ooral, deviation	vellupu	thzantha oli	venmai	manjal sikkal	ilamanjal	Muthu	Mithaveppam, thoduvali	9 ½
10	5870	60/M	Kaba vatham	vai neer ooral, deviation black pigmentation	manjal	Samaoli	pazhuppu	manjal	manjal	Aravu	Miguveppam	8 ¾

Observation and Results

Sl. N.	Op No	Age/ Sex	Naadi	Naa	Niram	Mozhi	Vizhi	Malam	Moothiram		Sparism	Manikadai alavu
									Neer kuri	Neikuri		
11	5941	60/M	Kaba vatham	Kaippu, vai neer ooral, deviation, black pigmentation	karuppu	thzantha oli	pazhuppu	manjal	ilamanjal	Aravu	Mithaveppam, thoduvali	9
12	6040	38/M	Kaba pitham	Maa padithal, deviation	vellupu	thzantha oli	venmai	manjal	manjal	Muthu	Mithaveppam	9 ½
13	8564	57/M	Kaba pitham	Vedippu, vai neer ooral, black pigmentation	karuppu	thzantha oli	pazhuppu	karuppu sikkal	ilamanjal	Muthu	Mithaveppam	9 ½
14	8705	41/M	Kaba vatham	Vellupu, vai neer ooral, black pigmentation	manjal	thzantha oli	pazhuppu	manjal	ilamanjal	Aali	Miguveppam	9 ½
15	8716	42/M	Kaba vatham	Maa padithal, deviation	manjal	thzantha oli	pazhuppu	manjal sikkal	ilamanjal	Muthu	Mithaveppam	9 ½
16	9221	49/M	Kaba vatham	Pulippu, vai neer ooral, deviation, black pigmentation	vellupu	thzantha oli	Sivappu, erichal	manjal nurai	ilamanjal	Aravu	Mithaveppam, thoduvali	9
17	2087	45/F	Kaba vatham	Kaippu, vai neer ooral, deviation	karuppu	thzantha oli	pazhuppu	manjal sikkal	manjal	Muthu	Mithaveppam	9 ½
18	1527	50/M	Kaba pitham	Maa padithal, deviation, black pigmentation	manjal	samaoli	Sivappu, erichal	manjal	ilamanjal	Muthu	Miguveppam, viyarvai	9
19	3378	55/M	Kaba vatham	Vellupu, deviation	karuppu	thzantha oli	pazhuppu	manjal sikkal	ilamanjal	Aravu	Mithaveppam	9
20	9281	55/M	Kaba vatham	Vedippu, deviation, black pigmentation	vellupu	thzantha oli	venmai	manjal sikkal	ilamanjal	Aali	Mithaveppam	9 ½
21	2730	45/M	Kaba vatham	Maa padithal, deviation, black pigmentation	karuppu	thzantha oli	venmai	manjal	manjal nurai	Muthu	Mithaveppam, thoduvali	9
22	3741	65/M	Kaba pitham	Vellupu, vai neer ooral, deviation	vellupu	thzantha oli	pazhuppu	manjal sikkal	ilamanjal	Aravu	Mithaveppam	8 ¾

Observation and Results

Sl. N.	Op No	Age/ Sex	Naadi	Naa	Niram	Mozhi	Vizhi	Malam	Moothiram		Sparism	Manikadai alavu
									Neer kuri	Neikuri		
23	4921	60/M	Kaba vatham	Kaippu, vai neer ooral, black pigmentation	manjal	thzantha oli	pazhuppu	manjal	ilamanjal	Muthu	Miguveppam	8 ¾
24	6731	56/M	Kaba vatham	Maa padithal, vai neer ooral, deviation	manjal	samaoli	manjal	karuppu sikkal	ilamanjal	Muthu	Mithaveppam	9 ½
25	9948	60/M	Kaba pitham	Pulippu, deviation, black pigmentation	manjal	thzantha oli	Si vappu, erichal	manjal	ilamanjal	Muthu	Mithaveppam	9 ½
26	605	51/M	Kaba vatham	Vellupu, vai neer ooral, black pigmentation	karuppu	samaoli	pazhuppu	manjal sikkal	ilamanjal	Aali	Mithaveppam, thoduvali	9
27	2059	59/M	Kaba vatham	Maa padithal, deviation, black pigmentation	vellupu	thzantha oli	Si vappu, erichal	manjal	manjal	Muthu	Thatpam, viyarvai	9 ½
28	2084	50/M	Kaba pitham	Kaippu, vai neer ooral, black pigmentation	manjal	samaoli	pazhuppu	manjal sikkal	ilamanjal nurai	Muthu	Mithaveppam, thoduvali	9
29	2438	61/M	Kaba vatham	Vellupu, deviation, black pigmentation	karuppu	samaoli	venmai	manjal sikkal	manjal	Aravu	Mithaveppam	8 ¾
30	7097	41/M	Kaba vatham	Vedippu, vai neer ooral, deviation	vellupu	Samaoli	pazhuppu	manjal sikkal	ilamanjal	Muthu	Mithaveppam	9 ½
31	1386	54/M	Kaba vatham	Kaippu, vai neer ooral, black pigmentation	manjal	thzantha oli	pazhuppu	manjal	manjal	Aravu	Mithaveppam, viyarvai	9
32	2871	67/M	Kaba vatham	Maa padithal, vellupu, vai neer ooral	karuppu	thzantha oli	Sivappu, erichal	manjal	ilamanjal	Aravu	Mithaveppam thoduvali	8 ¾
33	2132	61/M	Kaba vatham	Pulippu, deviation, black pigmentation	vellupu	thzantha oli	pazhuppu	manjal sikkal	ilamanjal	Muthu	Mithaveppam	9
34	6387	58/M	Kaba pitham	Vellupu, vai neer ooral, black pigmentation	manjal	thzantha oli	venmai	manjal	ilamanjal	Aravu	Mithaveppam	9 ½

Observation and Results

Sl. N.	Op No	Age/ Sex	Naadi	Naa	Niram	Mozhi	Vizhi	Malam	Moothiram		Sparism	Manikadai alavu
									Neer kuri	Neikuri		
35	1519	43/M	Kaba vatham	Kaippu, deviation, black pigmentation	manjal	thzantha oli	pazhuppu	karuppu sikkal	manjal nurai	Muthu	Mithaveppam, thoduvali	9 ½
36	101	56/M	Kaba vatham	Maa padithal, vai neer ooral, deviation, black pigmentation	karuppu	thzantha oli	Sivappu, erichal	manjal	ilamanjal	Aali	Mithaveppam, viyarvai	9 ½
37	2494	40/M	Kaba vatham	Vedippu, vai neer ooral, black pigmentation	vellupu	thzantha oli	pazhuppu	manjal sikkal	ilamanjal	Aravu	Mithaveppam	9 ½
38	5217	61/M	Kaba vatham	Vellupu, pulippu, deviation	manjal	samaoli	manjal	manjal	ilamanjal	Muthu	Thatpam thoduvali	9 ½
39	6682	67/M	Kaba pitham	Kaippu, vai neer ooral, deviation	manjal	samaoli	venmai	manjal sikkal	ilamanjal	Aravu	Mithaveppam	8 ¾
40	170	55/M	Kaba vatham	Maa padithal, vai neer ooral, deviation	karuppu	thzantha oli	pazhuppu	manjal sikkal	manjal	Muthu	Mithaveppam	9 ½

LAB INVESTIGATIONS

TABLE 23

S. No	OP No	Name	Age/ Sex	BLOOD INVESTIGATIONS							cholesterol	URINE ANALYSIS				deposits
				TC Cells / Cu.mm	DC			ESR		Hb gms%		Sugar (R) mgms %	Urea mgms %	Albumin	Sugar	
					P	L	E	1/2 hr	1 hr							
1	3570	Subramani	60/M	7200	50	40	10	7	18	13.6	182	110	20	Nil	Nil	1-3 epithelial cells
2	3571	Loganathan	63/M	7000	50	42	8	5	14	13	180	110	20	Nil	Nil	1-3 epithelial cells
3	1202	Kumar	53/M	7000	58	36	6	20	36	14.9	215	141	25	Nil	Nil	1-3 epithelial cells
4	1140	Thirukasi	67/M	11000	70	22	8	25	58	11	186	80/139	28	Nil	Nil	2-5 epithelial cells
5	1141	Mohan	55/M	7600	52	30	28	8	20	13.6	182	135	18	Nil	Nil	2-5 epithelial cells
6	1142	Devit	39/M	9400	65	30	5	20	38	15.8	164	180	18	Nil	+	1-3 epithelial cells
7	1149	Palpandi	47/M	7400	49	43	8	4	12	13.6	180	75	20	Nil	Nil	2-6 epithelial cells
8	2490	Jothi	55/F	7600	51	31	28	14	30	10.2	182	140	20	Nil	Nil	2-5 epithelial cells
9	4110	Loganathan	47/M	10800	75	20	5	20	40	14.1	162	103/220	28	Nil	+++	1-3 epithelial cells
10	5870	Vaivi rav	60/M	7400	54	31	15	20	42	13.4	186	79	18	Nil	Nil	2-6 epithelial cells
11	5941	Prakash	60/M	7600	48	44	8	14	28	13.2	184	143	18	Nil	Nil	2-6 epithelial cells
12	6040	Rajkhan	38/M	8500	63	32	2	4	16	14.2	263	76	23	Nil	Nil	1-3 epithelial cells
13	8564	Srinivasan	57/M	8000	32	62	6	35	74	15	162	102	20	Nil	Nil	2-6 epithelial cells
14	8705	Radhakrishnan	41/M	8200	58	36	6	20	34	14.8	250	138	20	Nil	Nil	1-3 epithelial cells
15	8716	Ganesan	42/M	8400	58	36	6	7	14	13.8	186	133	20	Nil	Nil	2-6 epithelial cells
16	9221	Parthiban	49/M	14000	52	30	28	8	24	15.5	210	322	51	Nil	+++	2-5 epithelial cells
17	2087	Noorjagan	45/F	8100	53	29	28	20	40	10	260	180	20	Nil	+	1-3 epithelial cells

Observation and Results

18	1527	Siva	50/M	7800	48	33	19	14	30	14	260	138	20	Nil	Nil	2-6 epithelial cells
19	3378	Ramakrishnan	55/M	6900	65	29	6	4	15	14.5	186	152	30	Nil	Nil	1-3 epithelial cells
20	9281	Rajan	55/M	7400	50	35	15	7	20	14.2	168	180	18	Nil	+	2-6 epithelial cells
23	4921	Nagarajan	60/M	9700	53	39	8	2	5	12	180	139	28	Nil	Nil	2-4 epithelial cells
24	6731	Gopi	58/M	8900	76	14	10	5	11	13.8	192	138	20	Nil	Nil	1-3 epithelial cells
25	9948	Mani	60/M	6800	59	33	8	8	12	15.5	225	115	35	Nil	Nil	1-3 epithelial cells
26	605	Sambath	51/M	8400	68	20	12	4	12	14.8	96	127	24	Nil	Nil	2-5 epithelial cells
27	2059	Kannan	62/M	11000	83	14	3	8	20	12.6	188	138	20	Nil	+	1-3 epithelial cells
28	2084	Ramakrishnan	50/M	9300	70	16	14	15	8	14	117	125	24	Nil	Nil	2-6 epithelial cells
29	2438	Salim	61/M	8600	65	20	15	3	9	14.2	168	157	20	Nil	+	3-5 epithelial cells
30	7097	Raja	41/M	9600	68	18	12	5	12	15	150	130	20	Nil	Nil	1-3 epithelial cells
31	1386	Narayanan	54/M	8700	58	34	8	20	38	13.8	168	145	28	Nil	Nil	1-3 epithelial cells
32	2871	Abdulkarim	67/M	9700	72	18	10	6	18	14	158	168	26	Nil	+	1-5 epithelial cells
33	2132	Jayaraj	61/M	7800	70	20	10	11	24	15	166	156	20	Nil	Nil	1-3 epithelial cells
34	6387	Elumalai	58/M	6900	68	26	6	28	39	11.3	160	84/182	29	Nil	++	1-3 epithelial cells
35	1519	Kannan	43/M	12100	59	45	6	26	55	13.3	180	99/129	29	Nil	Nil	2-5 epithelial cells
36	101	Munusamy	56/M	7800	58	35	7	15	35	12.8	182	102/128	26	Nil	Nil	1-3 epithelial cells
37	2494	Ramesh	40/M	10200	51	40	9	29	36	12.1	164	65	29	Nil	Nil	3-6 epithelial cells
38	5217	Kalaiahasan	61/M	9100	77	57	8	25	52	13.1	175	83/186	31	Nil	+	1-3 epithelial cells
39	6682	Ayyasamy	67/M	8600	55	37	8	35	62	10.7	176	160/240	28	Nil	++	1-5 epithelial cells
40	170	Divakar	55/M	10400	51	40	9	29	36	12.1	164	65	27	Nil	Nil	1-3 epithelial cells

Sl.no: 39 Reg.no:34

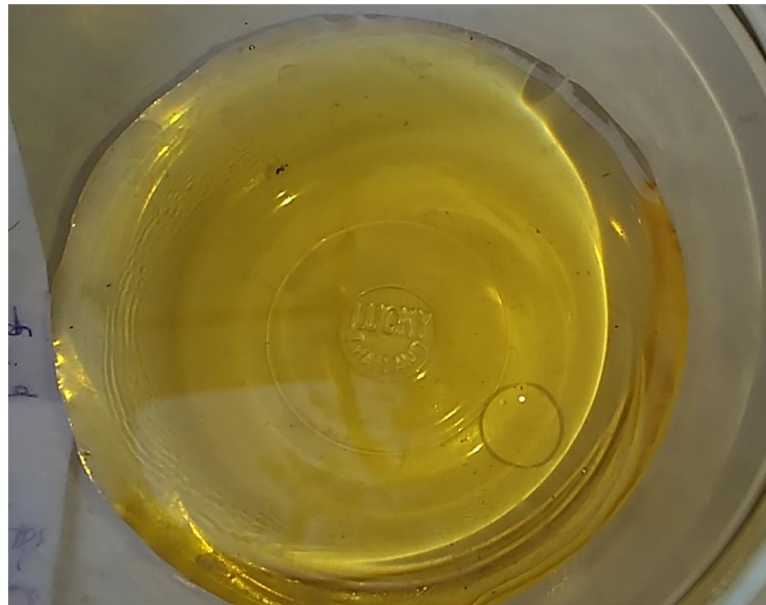
Op.no : 1097

Name : Elumalai A/S : 36/ M

Naa : Maa padithal, Deviation present.



Neikuri : Pitham.



Sl.no: 3

Reg.no: 3

Op.no : 1202

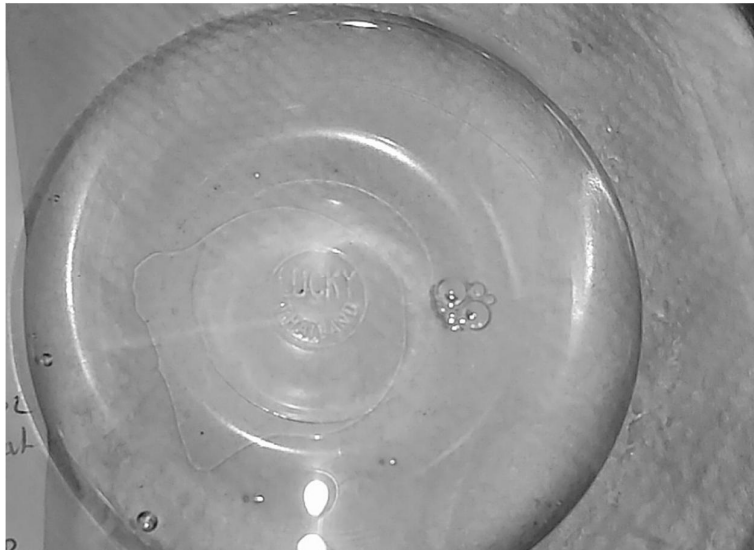
Name : kumar

A/S : 53/M

Naa : deviation, fissure present



Neikuri : vatham



Sl.no: 26

Reg.no: 22

Op no : 3741

Name : Madavan

A/S : 65/ M

Naa : maa padithal, deviation present



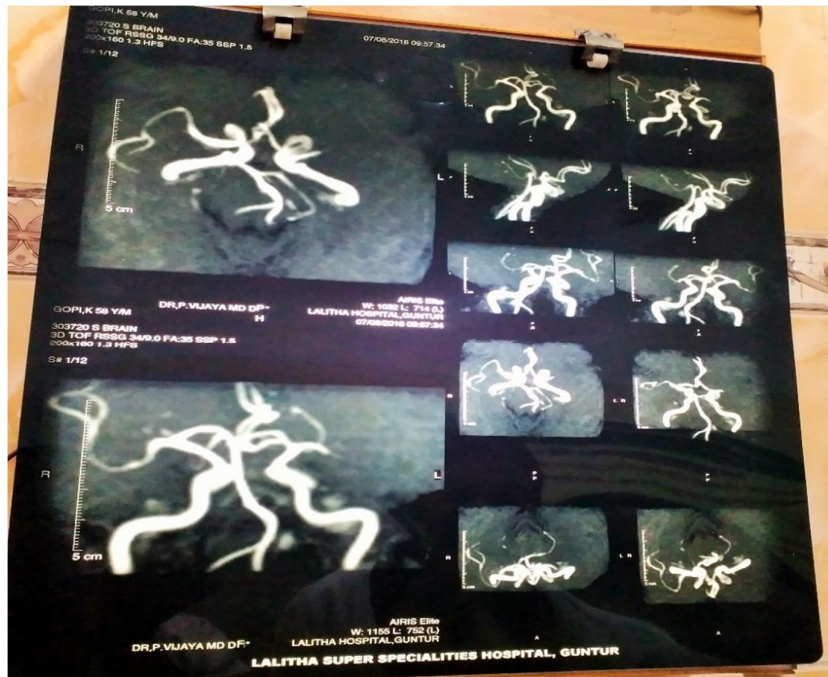
Neikuri : salladaikan



Sl.no: 28 Reg.no:24

Op no : 6731

Name : Gopi A/S : 58/M



Regd. No. 01-32368/99-2000

Ph.: 0863 - 2222866, 2217401, 2217402, 6642867
Fax: 2328160



LALITHA SUPER SPECIALITIES HOSPITAL (P) LTD.

HEART, BRAIN, TRAUMA & MULTISPECIALITIES
Kothapet, GUNTUR - 522 001. A.P.

DISCHARGE SUMMARY

Name : Sri. Gopi. K.
Address : Tenali
Guntur.

Age /Sex : 58/M
Room No: 312
DOA : 07/08/16
DOD : 09/08/16

MR. No : 303720 / 1608030913

FINAL DIAGNOSIS : Δ CVA – Rt hemiparesis
 Δ Old PTB

H/O PRESENT ILLNESS : A 58 years old male patient came with the complaints of sudden onsets of Rt UL/LL weakness, slurred speech, ataxia.

PAST HISTORY : Nil

FAMILY HISTORY : Nil

RISK FACTORS : Age (+).

EXAMINATION AT THE TIME OF ADMISSION : Patient drowsy, but arousable, following commands, Pupils : NSRL, Rt hemiparesis, ataxia, dysarthria, Rt UL/LL : 3/5, Lt UL/LL : 5/5, afebrile, CVS : S1+ S2+, BP : 110/60, Lungs : B/L AE, Abdomen : Soft, no tenderness, PR : 82, RR : 20, Temp : Normal.

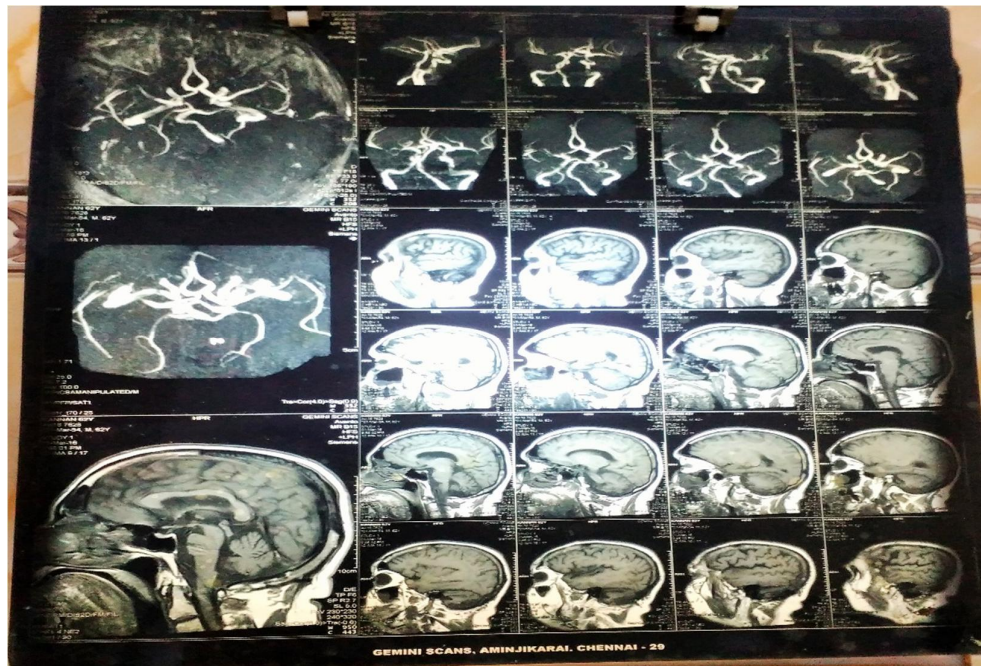
INVESTIGATIONS : Enclosed

TREATMENT SUMMARY : A 58 years old male patient came with the complaints of sudden onsets of Rt UL/LL weakness, slurred speech, ataxia, case seen by Neurologist, O/e drowsy, but arousable, following commands, Pupils : NSRL, Rt hemiparesis, ataxia, dysarthria, Rt UL/LL : 3/5, Lt UL/LL : 5/5, investigations done, MRI brain showed acute infarct in the Lt MCA territory, mild diffuse cerebral atrophy, MRA showed occlusion of M1 segment of the LT MCA with absent flow distally, severe stenosis of M1 segment of Rt MCA, hypoplastic Rt vertebral artery and A1 segment of Rt ACA,

Sl. no:31 Reg.no:27

Op .no:2059

Name: kannan A/S: 62/M





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Radiologists

Dr. G. Godwin MD., DNB.,
Dr. V. Ramkumar DMRD., DNB.,
Dr. R. Chitra MD.,
Dr. V. Senthil DMRD., DNB.,

Name : Mr. Kannan
Age : 62 Y/M
Ref. By.: Major Dr. T. Vijay, MD (Gen. Med), DM (Neuro), PG Dip. Diab, DNB (Neuro).
Date : 01.03.2016
Id. No.: AK16/7628

MRI Study of Brain

Technique:

T2W Axial
T1W Sagittal
FLAIR Coronal

DW → b0, b500, b1000
MR Angiogram

The study shows acute infarcts in the medial temporal region on the left side. Diffusion weighted images show restricted diffusion with reduced apparent diffusion co-efficient in the region of infarct- suggestive of acute infarcts.

Old infarcts with gliosis is noted in the left inferior cerebellar hemisphere. Old infarcts are seen on the left side of pons.

Few old lacunar infarcts are seen in the thalami, ganglio-capsular regions, corona radiata and centrum semi-ovale on both sides.

Mild age related generalized cerebral and cerebellar atrophy is noted. No evidence of hemorrhage, mass lesion or midline shift is seen.

The ventricles, basal cisterns and sulci are normal for the age. The pituitary gland, infundibulum and hypothalamus are normal for the age. The medulla and midbrain appear normal. CP angles are normal.

Normal flow void is seen in the major dural venous sinuses. Mild mucosal thickening is noted in the left maxillary, ethmoidal and frontal sinuses.

MR Angiogram

Atherosclerotic changes are noted in the Anterior, Middle and Posterior cerebral arteries. No evidence of aneurysm or arterio-venous malformation is visualized. The Internal Carotid, Left Vertebral and Basilar arteries appear normal. Intracranial part of the Right Vertebral artery is hypoplastic.

Impression:

- Acute infarcts in the Left Middle cerebral arterial territory.
- Old infarcts with gliosis in the left inferior cerebellar hemisphere.
- Old infarcts on the left side of pons.
- Few old lacunar infarcts in the thalami, ganglio-capsular regions, corona radiata and centrum semi-ovale on both sides.
- Mild age related generalized cerebral and cerebellar atrophy.
- No evidence of hemorrhage, mass lesion or midline shift.

Dr. Godwin, MD., DNB.,
Radiologist.
Ph. No.: 98841 94436.
Encl. Films : 3

Dr. V. Senthil, DMRD, DNB.,
Radiologist.

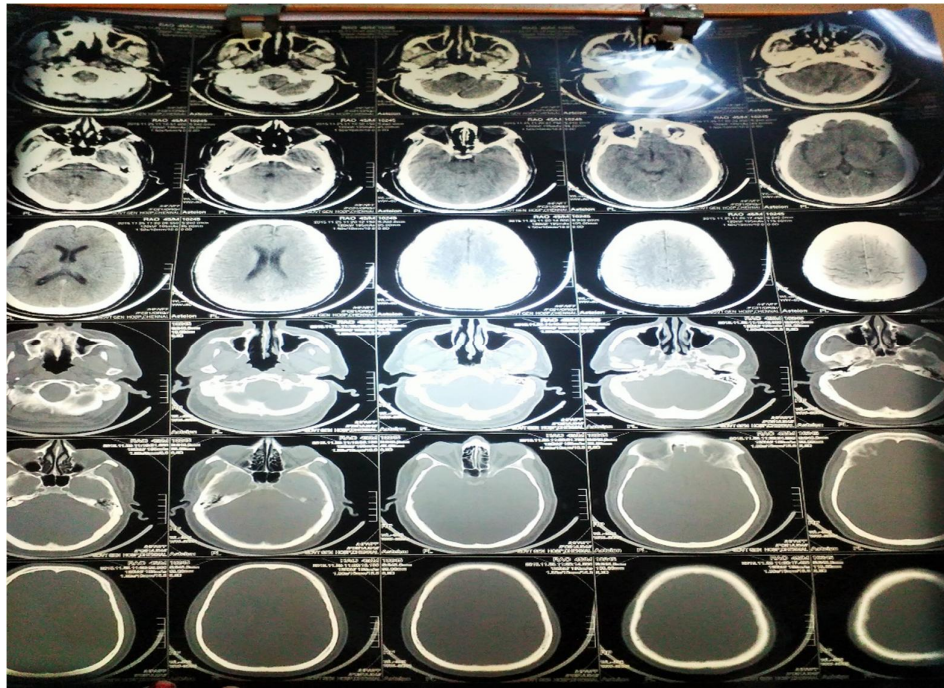
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Ambur, Chennai - 600 029
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Ambattur, Chennai - 600 053
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1236, Golden Colony 1st Street,
Anna Nagar West Extn. Mogappair, Chennai-50.
Ph: 044 - 2652 1182, 2652 1183
Mob : 98848 15199

Sl;no: 14 Reg.no:12

Op.no: 6040 Name: Rajkhan A/S: 38 m



**SRI VENKATESHWARAA MEDICAL COLLEGE HOSPITAL
AND RESEARCH CENTRE**
Pondy - Vilupuram Main Road, Arup, Paluram - 605 002 Phone: 0413 - 2200001, 0788854711 Fax: 0413 - 2564676

NAME : MR. RAJAKHAN	AGE/SEX: 37/M
OP NO: 160803146	UNIT:
REF. BY: NEUROLOGY	DATE: 05/06/2016

MRI OF BRAIN

SEQUENCES

- Sagittal: T1W 3D ISO, T1W SE.
- Coronal: T2W TSE, T2W TSE, T2W FLAIR
- Axial: T2W TSE, T2W FLAIR, T2, FFE, DWI

FINDINGS:

- Altered signal intensity noted involving the left temporo parietal lobe having CSF signal intensity on all sequence suggestive of chronic infarct. Parenchymal volume loss noted with ex- vacuo dilatation of the ipsilateral lateral ventricle including the temporal horn. No evidence of restricted diffusion.
- The rest of the cerebral hemispheres show normal gray white differentiation.
- The thalami and internal capsule show normal signal.
- The cerebellar hemispheres and vermis appear normal in size and signal intensity.
- The sagittal images demonstrate normal pituitary gland, normal corpus callosum, and no herniation of the cerebellar tonsils.

- The rest of sulci and cisterns are within normal limits.
- There is no abnormal intra or extra-axial fluid collections.
- There is no displacement of mid-line structures.
- The orbital contents show normal appearance and signal.
- The calvarium demonstrates no abnormality.

IMPRESSION:

➤ CHRONIC INFARCT-LEFT MCA TERRITORY.

KLP
Dr. Kalpana



**SRI VENKATESHWARAA MEDICAL COLLEGE HOSPITAL
AND RESEARCH CENTRE**

Pondy - Villupuram Main Road, Ariyur, Puducherry - 605 102. Phone: 0413 - 2260001, 9786655411, Fax: 0413 - 2644476

CLINICAL LABORATORY REPORT

Name : SIRAJKHAN R B
Dr. Name : Dr. Deiva
Lab Req No. : LT83139
Reg No. : OPBCS-15-28865

Sex : M Age : 36 Yr 8Mn
PIN : P201509210297
Sample Collected On : 27/10/2015
Reported On : 27/10/2015

Test	Observation	Normal Range
BIO CHEMISTRY		
BLOOD GLUCOSE(F)	101 mg/dl	70 - 110 mg/dl
BLOOD GLUCOSE(PP)	116 mg/dl	<140mg/dl
Lipid Profile		
Total Cholesterol	154 mg/dl	Desirable : < 200 Border line high risk : 200-240 High risk : >240
Triglyceride	171 mg/dl	80 - 160 mg%
HDL	30 mg/dl	30-80 mg/dl
LDL	90 mg/dl	60-120 mg/dl
VLDL	34 mg/dl	up to 35

End Of Report

Lab Technician's Signature

[Signature]

SUMMARY

8. SUMMARY

The aim of this study is to evaluate the significance of the disease **Patchavatham** with help of siddha parameters Ennvagai thervu and Thegiyin Elakkanam.

Patchavatham comes under literature Yugi Vaithiya Chinthamani-800. Which is characterized by history of patchavatham is one of the Vatha disease, characterized by inability to use one side upper limb and lower limb, difficulty in walking, loss of sensation, deviation of mouth.

For the clinical study 40 cases were studied as per the inclusion and exclusion criteria and the informed consent from the patients.

Case sheet proforma were maintained for 40 cases

Laboratory investigations were carried out before the study.

Ennvagai Thervu and Thegiyin Elakkanam were focused in the study.

In this study out of 40 cases, following datas of Age, gender, occupation, udal vanmai, nilam, kaalam, noi utra kaalam, duration of illness, manikadainool, envagai thervugal, uyir thathukal, udal thahukal are observed.

DISCUSSION

9. DISCUSSION

Patchavatham is one of the eighty types of Vatha disease described by spiritual giant Yugi in the literature Yugi Vaithya Cinthamani 800.

40 cases were studied in Govt siddha medical college, arumbakkam, Chennai-106. The sample size of 40 cases for the study on the topic Patchavatham is approved by IEC.

Interpretation of Age: Majority of cases comes under 61-70 years(32.5%). As age gets older risk of patchavatham is increased.

Interpretation of Gender: Majority of cases comes under Male gender(95%) than Female gender(5%). In this study most of male have a habit of smoking and alcohol, hypertension, lack of exercise, obesity.

Interpretation of Diet: Majority of cases comes under mixed diet(87.5%) than vegetarian(12.5%). Taking non vegetarian increases hypertension it increase the risk of patchavatham.

Interpretation of Occupation: Majority of cases comes under Driver. In this study most of the drivers have the habit of smoking and drinking, hypertension, obesity.

Interpretation of Udal vanmai: Majority of cases comes under melivu udal vanmai(52.5%). Patient taking poor diet, decreased digestion leads to melivu udal vanmai.

Interpretation of Nilam: Majority of cases comes under Neithal nilam(90%). The area sea shore and its adjoining areas vatha diseases are more common.

Interpretation of Kalam: Majority of cases comes under Pitha kaalam(90%) between 34- 66 years.

Interpretation of Noi uttra kaalam: Majority of cases comes under Munpanikaalam kaalam (32.5%). This is between markazhi and thai. I this time kulirchi is dominant.

Interpretation of Duration of illness: Majority of cases comes under 5 years duration of illness. This is a chronic diseases, recovery is slow because it affects the Brain and central nervous system.

Interpretation of Manikadai alavu: Majority of cases comes under 9 ½ manikadai alavu. For 9 ½ the symptoms are udal vethubi veenkum, soodundagum, vizhi kanthum, utsuram, megam undagum. This symptoms are not involved in my patients. In this study most of patients have 9 ½ manikadai alavu.

Interpretation of Naa: Majority of cases comes under In maa padithal 70% of cases comes under present,

In Niram 72.5% of case comes under normal.

In suvai 62.5% of cases comes under normal.

In vedippu 85% of cases comes under absent.

In vai neer ooral 62.5% of cases comes under increased. Patient have symptoms of drooling of saliva.

In deviation 75% of cases comes under present. patient have a symptoms of deviation of mouth.

In black pigmentation 60% of cases comes under present. Patient have a black pigmentation on tongue indicates increased vatham.

Interpretation of Udal niram: Majority of cases comes under manjal udal niram(45%).

Interpretation of Mozhi: Majority of cases comes under low pitch voice(70%). patient have a symptoms of difficulty in speech.

Interpretation of Vizhi: Majority of cases . In niram of ven vizhi 50% of case comes under pazhuppu.

In imai neeki paarthai 70% of case comes under ilam sivappu.

In erichal 62.5% of case comes under absent.

Interpretation of Meikuri: Majority of cases In veppam, 80% of cases comes under mitha veppam. In viyarvai 85% of cases comes under normal. In thodu vali 75% of cases comes under absent.

Interpretation of Malam: Majority of cases comes under sikkal(62.5%).

In niram comes under manjal(90%). In this patients taken a poor diet, poor in digestion leads to constipation.

Interpretation of Neerkuri: Majority of cases, In niram 77.5% of case comes under pale yellow. In manam 83.5% of cases comes under ammonical. In manam 83.5% of cases comes under ammonical. In enjal 87.5% of cases comes under absent.

Interpretation of Neikuri: Majority of cases comes under 37.5% aravam (vatham) neikuri. 2 patients having salladaikan neikuri it denotes theera noi kurigunam.

Interpretation of Naadi: Majority of cases comes under 70% kabha vatham naadi.

Interpretation of Uyir thathukal: vatham- pranan, abanan, viyanan, udanan, saman, are increased. Pitham- sathagam increased. Kabam-kiletham, aalosagam, santhigam increased.

Interpretation of Udal thathukal, saaram, senneer, oon, kozhupu, enbu, moolai, sukkilam are decreased.

- In mandalam – santhiramandalam affected

- In kosam – Annamayakosam, Piranamaya kosam, Vinnanamaya kosam are affected

In patchavatham the clinical features is closely related to Hemiplegia. Patients have a symptoms of inability to use one upperlimb and lower limb, difficulty in walking, loss of sensation, deviation of mouth. In modern investigation MRI- Brain showing Infarcts in middle cerebral artery.

***DIFFERENTIAL
DIAGNOSIS***

10. DIFFERENTIAL DIAGNOSIS

1. gffthj k;

“c z i kaha; c l kngyyhk; thAkhf

c ahfjdw ehbaJ mi rtpdwp

fz i kaha; fhakj pdNy Nawpf;

frfjNa aopeJNk tyj J fhZ k;

gz i kaha; gffj j pyrpT Kz l hag;

ghhj j gi z f; i fAq; fhYk; NfhZ k;

c z i kaha; c l kngqFk; tpa hi t fhZ k;

nkypTgff thj j j pd; tptuej hNd”

Afp i tj j pa rpej hkz p 800

- Increased vayu spreads all over the body
- Pain present all over the body
- Peresis of one upper limb and lower limb
- Sweating present all over the body

Common symptoms between Pakkavatham and Patchavatham inability to use one side upper limb and lower limb. Different symptoms in Pakkavatham, sweating present all over the body. Different symptoms in Patchavatham, deviation of mouth and drooping of saliva. So Patchavatham is different from Pakkavatham.

2. cufj thj k;

“mwGj kha; Nehthf GUtqfhJ

mqfj j pw; ghj j hd; tyj nj gNghJ e;

j wGj kha; Nfhz pa j i yAk; thAf;

j htNt kpf eLqf Fwjj \$Rk;

t pwGj dha; t pofSej hd; kpi fGwhJ

nkypthf rhunkyyhk; tpa hi tahFk;

GwGj dha; tha eUkpfNtAWk;

Gi fNKUu thj j j pd; NgNu”

Afp i tj j pa rpej hkz p 800

- Pain present in eyebrow, ear and one half of the body
- Deviation of mouth and shivering of head
- Diminished vision
- Muscle wasting and sweating present
- Excess salivation

Common symptoms between Patchavatham and Uragathavatham, deviation of mouth and drooping of saliva. Different symptoms in Patchavatham, inability to use one upper limb and lower limb. Different symptoms in uragathavatham, pain present in eyebrow, ear and one half of the body, shivering of head. So Patchavatham is different from Uragathavatham.

CONCLUSION

11. CONCLUSION

The disease Patchavatham were mentioned in Yugi vaithiya chinthamani - 800 taken for my clinical study. The study on Patchavatham were carried as dissertation and observe the changes in envagai thervugal(Naadi, Naa, Mozhi, Neerkuri, Neikuri), Udal thathukal, Udal thathukal.

A paraled modern diagnosis was derived through routine blood test, urine test and MRI scan or CT scan- Brain. For this study 40 cases were observed clinically in the OP division.

In this study, among 40 cases the concluded data as following,

Majority of cases (70%) shows kabha vatham naadi.

The observational study reveals in Envagai thervu

In Naa- 70% of cases shows Maa padithal.

62.5% of cases shows increased vaai neer oorai

75% of cases shows deviation of mouth

60% of cases shows black pigmentation in tongue

In Mozhi- 70% of cases shows low pitch voice

In Neerkuri- 77.5% of cases shows pale coloured urine

In Neikuri- 37.5% of cases shows Aravam(vatham) Neikuri

In Uyir thathukal,

vatham- praanan, abaanan, viyaanan, udaanan, samaanan, are increased.

Pitham- sathagam, increased.

Kabam- santhigam, kiletham, pothagam increased.

In Udal thathukal, saaram, senneer, oon, kozhupu, enbu, moolai, sukilam/suronitham are decreased.

In Manikadainool, majority of cases shows 9 ½ viralkadai alavu.

○ In mandalam – santhiramandalam affected

- In kosam – Annamayakosam, Piranamaya kosam, Vinnanamaya kosam are affected

The symptoms of Patchavatham are closely related to Hemiplegia. The Patchavatham disease is correlated with Hemiplegia in modern diagnosis.

***LINE OF TREATMENT AND
DIETARY REGIMENT***

12. LINE OF TREATMENT AND DIETARY REGIMEN

Line of treatment is based on altered kuttram. In patchavatham increased kuttram is vatham. To neutralize vatham the treatment starts with purgatives.

“tNurdj j hy; thj k; j hOk”
“XJ fplw kyfl i l nahopsi tj j hy;
c l ypluss thj j i j nayyhk; xLq;fNghFk;”

For Patchavatham patients, medicines started with purgatives then Anti vatha drugs. In external therapy start with podithimirthal then thokkanam with medicated oils.

THOKKANAM

‘Thokku’ – skin, ‘anam’ – tone or heat. This technique is mainly used in vaatha diseases. It is explained in theran tharu. The benefits of thokkanam are tones skin, muscle and nerves, eliminates the increased vaatham, strengthen the muscles, relaxes and increases the sleep, removes body pain. Thokkanam done after podithimirthal for 3 days. It gives good results in patchavatham.

PRANAYAMAM

‘Prana’ – life force, ‘yama’ – control the prana. Doing pranayama is very useful in relief stress disorders. It helps in patchavatham patients to recover from mental illness.

YOGASANAS

Yoga encourages the union of mind, body and spirit. Yoga for patchavatham are :

1. Veerasana,
2. Parvatasana,
3. Siddhasana,
4. Mandukasana.

EXERCISES

Core exercises includes

- Trunk rotation
- Lateral trunk flexion
- Leg exercise
- Arm exercise
- Hand exercise
- Coin drop exercise

Pathiyam

During the course of treatment according to the drug administered to the patient and nature of the disease, the patient is advised to follow certain precautions regarding diet and physical activities. This form of medical advice in Siddha system of medicine is termed as “Pathiyam”.

Pathiyam for vatha disease as mentioned in “**Patharthaguna chinthamani**” is as follows,

“nrqfO eNfhl l e; Nj dkpsF eynyz nz a;
j qFngUq; fhae; j Kj hi o – vqnfqFk;
\$l LrpW Kj J nea; Nfhj py; c Oej pi tfs;
thl Lkz p yj i j kj p’
- gj hhj j Fz rpej hkz p

Root of water lilly, costus roots, honey collected on branches of trees, black pepper, gingelly oil, asafoetida, leaves of clerodendron phlomoides, castor oil, black gram etc cure vatha diseases.

DIETARY REGIMEN

tsprfFwwj i j j; j ddp i yg; gLj j f\$ba c z TfshfNt , Uj j y;
Ntz Lk; , UKi w tbj j NrhW> fj j hp mti u> mjj p KUqi f , twwpd;
gpQRfs> fhi l> fTj hh p ntsshl Lffwp c LkG kwWk; fil u ti ffs py;

Kl f;fj j hd> mWfll u> J}JNti s> %f;ful j l> nghd;dhq;fhz p Nti sf;fll u>
j puha; , twi w Nrhf;fTk; gUgG ti fap; Jti u xdNw MFk;

ef;f Ntz bai tfs;

Ri u> Gri z> ntssh> Gli y> gh;fF Kj ypa eh; \$ba fha;fw
ti ffi sAk> nkhri r> fhuhkz p nfhsS> fLF> Nj qfha> fpoqF ti ffs>
kej Kss gj hhj j ti ffs; Kj ypai tfi s ef;f Ntz Lk;

~fLF ewwpyj nj z nz a; \$og; ghz l qfs; fl i y
tLtj hfpa nj qFkh tUfi f ewfhak;
kbtpyhj ntsSSsp nfhs; Gi fapi y kJngz ;
, lJ ghfNyhl fj j p ef;f tprrh gj j paNk.”
-rj j kUj J thqfr; RUf;fk;

gLfi f

<ukpyyhj j; j i uapYk; <ukpyyhj gLfi fapYk; gLj j y; Ntz Lk;
fhaeJ Mwpa j i uap; gLj j yhfHJ. kpf;f fhwNwhl j khd , l qfs;py;
Fsh;fhwWk; NkhJ f;pdw fhwWk; c l ypy; gLkgbahd , l qfs;py; gLf;f\$ l hJ.

PREVENTION

Lowers the blood pressure
Lose weight
Exercise more
Quit drinking and smoking
Treats diabetes

ANNEXURE

ANNEXURE

ASSESSMENT FORMS

Form –I	Screening and selection Proforma
Form –IA	History Proforma on enrollment
Form II	Clinical Assessment on enrollment
Form –III	Laboratory investigations on enrollment, During the study
Form –IV	Consent form (Vernacular and English versions)
Form -IV- A	Patient Information Sheet (Vernacular and English versions)

GOVT SIDDHA MEDICAL COLLEGE, CHENNAI-106.

DEPARTMENT OF PG NOI NAADAL

**AN OBSERVATIONAL STUDY ON STANDARDIZATION OF SIDDHA
DIAGNOSTIC TOOLS OF PATCHAVATHAM [HEMIPLEGIA] INCLUDING
LINE OF TREATMENT AND DIETARY REGIMEN.**

FORM I

SCREENING AND SELECTION PROFORMA

1. O.P.No _____ 2. I.P No _____ 3. Bed No: _____

4. S.No: _____

5. Reg.No: _____

6. Name: _____

7. Age (years): _____

8. Gender: M ☐ F ☐

9. Occupation: _____

10. Income: _____

☐

11. Address: _____

12. Contact Nos: _____

13. E-mail : _____

CRITERIA FOR INCLUSION:

	YES	NO
1. AGE:30 and above	<input type="checkbox"/>	<input type="checkbox"/>
2. SEX: Both male and female.	<input type="checkbox"/>	<input type="checkbox"/>
3. Inability to use one upper limb and lower limb	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty in walking, Loss of sensation, Deviation of mouth	<input type="checkbox"/>	<input type="checkbox"/>
5. Patients have any 1 of clinical features are		
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>

CRITERIA FOR EXCLUSION:

Symptoms associated with		
Severe cardiac problem	<input type="checkbox"/>	<input type="checkbox"/>
Severe infections	<input type="checkbox"/>	<input type="checkbox"/>
Migrane syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Patient irregular to OPD	<input type="checkbox"/>	<input type="checkbox"/>

Date:

Signature:

FORM I-A

HISTORY PROFORMA

1. Sl. No: _____

2. Name: _____

Height: _____ cms Weight: _____ Kgs

3. Age (years): _____ DOB

D D

M M

Y E A R

4. Educational Status:

1) Illiterate ☐ 2) Literate ☐ 3) Student ☐ 4) Graduate/ Post graduate ☐

5. Nature of work:

1. Daily wages

☐

2. Watchman

☐

3. Fisherman

☐

4. Fruit seller

☐

5. Software Er

☐

6. EB reader

☐

7. Tea shop

☐

8. Housewife

☐

9. Teacher

☐

6) Annual income of the Family

☐7) Total number of members share the income Adult ☐ Children ☐

8. Complaints and Duration:

9. History of present illness:

10. History of Past illness:

	1. Yes	2. No
Any Infection	<input type="checkbox"/>	<input type="checkbox"/>
Systemic hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Ischemic heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Bronchial asthma	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Any major illnesses	<input type="checkbox"/>	<input type="checkbox"/>

11. Habits:

	1. Yes	2. No
Betel nut chewer:	<input type="checkbox"/>	<input type="checkbox"/>
Tea (No. of times/day)	<input type="checkbox"/>	<input type="checkbox"/>
Coffee (No. of times/day)	<input type="checkbox"/>	<input type="checkbox"/>
Type of diet	V <input type="checkbox"/>	NV <input type="checkbox"/>
		M <input type="checkbox"/>

12. Personal history:

Marital status: Married ☐ Unmarried ☐

13. Family history:

History of similar symptoms Yes ☐ N ☐

14 .Menstrual and Obstetric history:

Age at menarche _____ years

Gravidity ☐ Parity ☐

Duration of the menstrual cycle _____

Constancy of cycle duration 1.Regular ☐ 2.Irregular ☐

15. Etiology of hemiplegia.

- | | | |
|---------------------------------|--------------------------|--------------------------|
| 1. Stroke | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Head injury | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Brain tumor | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Infections | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Migrane syndrome | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.Inflammation of blood vessels | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.Diseases affection nerves | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.At birth | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 .Hereditary diseases. | <input type="checkbox"/> | <input type="checkbox"/> |

16. Symptoms of HEMIPLEGIA.

- | | | |
|---|--------------------------|--------------------------|
| 1. Difficulty in walking | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Losses balance when walking | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Difficulty in swallowing | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Trouble of vision | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Difficult in speech | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Numbness, | | |
| loss of sensation of one half of the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Loss of control of bladder and bowel | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Unable to hold objects | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Feeling depressed | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Heightened emotional sensitivity | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Poor memory | <input type="checkbox"/> | <input type="checkbox"/> |

FORM II

CLINICAL ASSESSMENT

1. Serial No: _____

2. Register No. _____

3. Date: _____

4. Name: _____

5. Date of birth:

--	--

--	--

--	--	--	--

D D M M Y E A R

6. Age: _____ years

GENERAL EXAMINATION

1. Height: _____cms .
2. BMI_____ (Weight Kg/ Height m2)
3. Weight (kg):
4. Temperature (°F):
5. Pulse rate:
6. Heart rate:
7. Respiratory rate:
8. Blood pressure:
9. Pallor:
10. Jaundice:
11. Cyanosis:
12. Lymphadenopathy:
13. Pedal edema:
14. Clubbing:
15. Jugular vein pulsation:

VITAL ORGANS EXAMINATION

		Normal	Affected
1.	Stomach	<input type="checkbox"/>	<input type="checkbox"/>
2.	Liver	<input type="checkbox"/>	<input type="checkbox"/>
3.	Spleen	<input type="checkbox"/>	<input type="checkbox"/>
4.	Lungs	<input type="checkbox"/>	<input type="checkbox"/>
5.	Heart	<input type="checkbox"/>	<input type="checkbox"/>
6.	Kidney	<input type="checkbox"/>	<input type="checkbox"/>
7.	Brain	<input type="checkbox"/>	<input type="checkbox"/>

SYSTEMIC EXAMINATION:

1. Cardio Vascular System _____
2. Respiratory System _____
3. Gastrointestinal System _____
4. Central Nervous System _____
5. Urogenital System _____
6. Endocrine System _____
7. Musculo skeletal system _____

SIDDHA SYSTEM OF EXAMINATION
[1] ENNVAGAI THERVU [EIGHT-FOLD EXAMINATION]**I. NAADI (KAI KURI) (RADIAL PULSE READING)****(a) Naadi Nithanam (Pulse Appraisal)****1. Kaalam (Pulse reading season)**

- | | | | | | |
|-------------------------------------|--------------------------|--|--------------------------|-------------------------------------|--------------------------|
| 1. Kaarkaalam
(Aavani,Purataasi) | <input type="checkbox"/> | 2.Koothirkaalam
(Iypasi,Karthigai) | <input type="checkbox"/> | 3. Munpanikaalam
(Margazhi,Thai) | <input type="checkbox"/> |
| 4. Pinpanikaalam
(Maasi,Panguni) | <input type="checkbox"/> | 5. Ilavenirkaalam
(Chithirai,Vaigasi) | <input type="checkbox"/> | 6.Muthuvenirkaalam
(Aani,Aadi) | <input type="checkbox"/> |

2. Desam (Climate of the patient's habitat)

- | | | | |
|-------------------------|--------------------------|--------------------|--------------------------|
| 1. Kulir
(Temperate) | <input type="checkbox"/> | 2. Veppam
(Hot) | <input type="checkbox"/> |
|-------------------------|--------------------------|--------------------|--------------------------|

- | | | | | | | |
|------------------|-----------------------------|--------------------------|--------------------------------|--------------------------|---------------------------|--------------------------|
| 3. Vayathu (Age) | 1. 1-33yrs
(Vatha kalam) | <input type="checkbox"/> | 2. 34-66yrs
(Pitha kalam) | <input type="checkbox"/> | 3. 67-100
(Kaba kalam) | <input type="checkbox"/> |
|------------------|-----------------------------|--------------------------|--------------------------------|--------------------------|---------------------------|--------------------------|

4. Udal Vanmai (General body condition)

- | | | | | | |
|------------------------------|--------------------------|-----------------------|--------------------------|--------------------|--------------------------|
| 1. Iyyalbu
(Normal built) | <input type="checkbox"/> | 2. Valivu
(Robust) | <input type="checkbox"/> | 3.Melivu
(Lean) | <input type="checkbox"/> |
|------------------------------|--------------------------|-----------------------|--------------------------|--------------------|--------------------------|

5. Naadiyin Vanmai (Expansile Nature)

- | | | | |
|-----------|--------------------------|----------|--------------------------|
| 1. Vanmai | <input type="checkbox"/> | 2.Menmai | <input type="checkbox"/> |
|-----------|--------------------------|----------|--------------------------|

6. Panbu (Habit)

- | | | | | | |
|------------------------------|--------------------------|------------------------------|--------------------------|---------------------------|--------------------------|
| 1. Thannadai
(Playing in) | <input type="checkbox"/> | 2. Munnokku
(Advancing) | <input type="checkbox"/> | 3.Pinnokku
(Flinching) | <input type="checkbox"/> |
| 4. Pakkamnokku
(Swerving) | <input type="checkbox"/> | 5.Puranadai
(Playing out) | <input type="checkbox"/> | 6.Illaitthal
(Feeble) | |
| 7. Kathithal
(Swelling) | <input type="checkbox"/> | 8.Kuthithal
(Jumping) | <input type="checkbox"/> | 9. Thullal
(Frsiking) | <input type="checkbox"/> |

10. Azhutthal ☐ (Ducking) 11. Padutthal ☐ (Lying) 12. Kalatthal ☐ (Blending)
13. Suzhalal ☐ (Revolving)

(b) Naadi nadai (Pulse Play)

1. Vali ☐ 2. Vali Azhal ☐ 3. Vali Iyyam ☐
4. Azhal ☐ 5. Azhal Vali ☐ 6. Azhal Iyyam ☐
7. Iyyam ☐ 8. Iyya vali ☐ 9. Iyya Azhal ☐
10. Mukkutram

II. NAA (TONGUE)

1. Maa Padithal
Normal ☐ Present ☐ Absent ☐
Uniform ☐ Patches ☐ Niram _____
2. Naavin Niram (Colour) 1. Karuppu ☐ (Dark) 2. Manjal ☐ (Yellow) 3. Velluppu ☐ (Pale)
3. Suvai (Taste sensation) 1. Kaippu ☐ (Bitter) 2. Pulippu ☐ (Sour) 3. Inippu ☐ (Sweet)
4. Vedippu (Fissure) 1. Present ☐ 2. Absent ☐
5. Vai neer oorai (Salivation) 1. Normal ☐ Colour 2. Increased ☐ Colouress 3. Reduced ☐ Milkywhite
6. Deviation Present ☐ Absent ☐
7. Pigmentation Present ☐ Absent ☐
Dot ☐ Whole ☐

Area of Pigmentation

- Tip ☐ Sides ☐ Root ☐ Whole ☐

8. Inflammation :

III. NIRAM (COLOUR)

1. Iyalbana Niram
- | | | |
|-------------------------------------|------------------------------------|--------------------------------------|
| 1. Karuppu <input type="checkbox"/> | 2. Manjal <input type="checkbox"/> | 3. Velluppu <input type="checkbox"/> |
| (Dark) | (Yellowish) | (Fair) |
4. Maaniram(wheatish) ☐
2. Niram maatram
- | | |
|----------------------------------|---------------------------------|
| present <input type="checkbox"/> | absent <input type="checkbox"/> |
|----------------------------------|---------------------------------|
- | | | |
|-------------------------------------|------------------------------------|--------------------------------------|
| 1. Karuppu <input type="checkbox"/> | 2. Manjal <input type="checkbox"/> | 3. Velluppu <input type="checkbox"/> |
| (dark) | (yellowish) | (Pale) |
- Regular ☐ Irregular ☐
3. Padhikkapatta Idathil tholin thanmai
- | | | |
|------------------------------------|---|------------------------------------|
| 1. Iyalbu <input type="checkbox"/> | 2. Minuminuppu <input type="checkbox"/> | 3. Mangal <input type="checkbox"/> |
| (Normal) | (Shiny) | (Muddy) |

IV. MOZHI (VOICE)

- | | | |
|--------------------------------------|---|--|
| 1. Sama oli <input type="checkbox"/> | 2. Urattha oli <input type="checkbox"/> | 3. Thazhantha oli <input type="checkbox"/> |
| (Medium pitched) | (High pitched) | (Low pitched) |

V. VIZHI (EYES)

1. Niram (Venvizhi)
(Discoloration)

- | | |
|--|--|
| 1. Karuppu <input type="checkbox"/> | 2. Manjal <input type="checkbox"/> |
| (Dark) | (Yellow) |
| 3. Sivappu <input type="checkbox"/> | 4. Velluppu <input type="checkbox"/> |
| (Red) | (White) |
| 5. Pazhupu(muddy) <input type="checkbox"/> | 6. No Discoloration <input type="checkbox"/> |

Imai Neeki Paarthai

- | | |
|--|--------------------------------------|
| 1. Sivapu <input type="checkbox"/> | 2. Velluppu <input type="checkbox"/> |
| (Red) | (Pale) |
| 3. Ilam Sivappu <input type="checkbox"/> | 4. Manjal <input type="checkbox"/> |
| (Pink) | (Yellow) |

-
2. Neerthuvam (Moisture) 1.Normal ☐ 2. Increased ☐ 3.Reduced ☐
3. Erichchal (Burning sensation) 1.Present ☐ 2. Absent ☐
4. Peelai seruthal (Mucus excrements) 1.Present ☐ 2. Absent ☐
- 5.Any other eye disease _____

VI. MEI KURI (PHYSICAL SIGNS)

1. Veppam 1. Mitham ☐ 2. Migu ☐ 3. Thatpam ☐
2. Viyarvai (Sweat) 1. Increased ☐ 2. Normal ☐ 3. Reduced ☐
- Colour _____
- Smell Present ☐ Absent ☐
- Place _____
3. Thodu vali (Tenderness) 1.Present ☐ 2. Absent ☐
4. Padhikapatta Idathil Unarvu (Sensation) 1. Erichal ☐ 2. Arippu ☐ 3. Unarchi inmai ☐
- (Burning sensation) (Itching) (Loss of sensation)

VII. MALAM (STOOLS)

1. Ennikai / Naal ☐
2. Alavu (Quantity) a) Normal ☐ b) Increased ☐ c) Decreased ☐
3. Niram (Color) 1. Karuppu (Black) ☐ 2. Manjal (Yellowish) ☐
3. Sivappu (Reddish) ☐ 4. Velluppu (Pale) ☐

4. Sikkal (Constipation)	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
5. Sirutthal (Poorly formed stools)	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
6. Kalichchal / Naal				
1. Loose watery stools	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
2. Digested food	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
3. Seetham (Watery and mucoid excrements)	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
Colour of Seetham	1. Venmai	<input type="checkbox"/>	2. Manjal	<input type="checkbox"/>
7. Vemmai	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
8. Passing of a) Mucous	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
b) Blood	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
9. History of habitual Constipation	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>

VIII. MOOTHIRAM (URINE)

(a) NEER KURI (PHYSICAL CHARACTERISTICS)

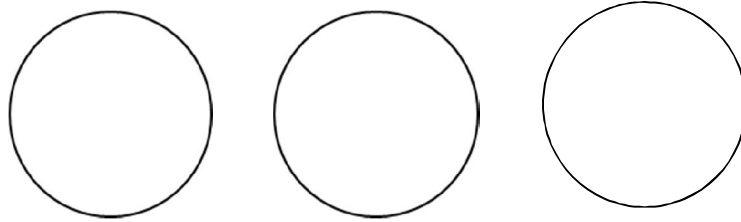
1. Niram (colour)	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	
Colourless	<input type="checkbox"/>	Milky purulent	<input type="checkbox"/>	Orange	<input type="checkbox"/>
Red	<input type="checkbox"/>	Greenish	<input type="checkbox"/>	Dark brown	<input type="checkbox"/>
Bright red	<input type="checkbox"/>	Black	<input type="checkbox"/>	Brown red or yellow	<input type="checkbox"/>

2. Manam (odour)	Yes	No
Ammonical :	<input type="checkbox"/>	<input type="checkbox"/>
Fruity :	<input type="checkbox"/>	<input type="checkbox"/>
Others :	_____	
3. Edai (Specific gravity)	Yes	No
Normal (1.010-1.025) :	<input type="checkbox"/>	<input type="checkbox"/>
High Specific gravity (>1.025) :	<input type="checkbox"/>	<input type="checkbox"/>
Low Specific gravity (<1.010) :	<input type="checkbox"/>	<input type="checkbox"/>
Low and fixed Specific gravity (1.010-1.012) :	<input type="checkbox"/>	<input type="checkbox"/>
4. Alavu (volume)	Yes	No
Normal (1.2-1.5 lt/day) :	<input type="checkbox"/>	<input type="checkbox"/>
Polyuria (>2lt/day) :	<input type="checkbox"/>	<input type="checkbox"/>
Oliguria (<500ml/day) :	<input type="checkbox"/>	<input type="checkbox"/>
Anuria :	<input type="checkbox"/>	<input type="checkbox"/>
5. Nurai (froth)	Yes	No
Clear :	<input type="checkbox"/>	<input type="checkbox"/>
Cloudy :	<input type="checkbox"/>	<input type="checkbox"/>
If froth present, colour of the froth :	_____	

6. Enjal (deposits) : Yes No
☐ ☐

b) NEI KURI (oil spreading sign)

- | | | | |
|---|--------------------------|--|--------------------------|
| 1. Aravam
(Serpentine fashion) | <input type="checkbox"/> | 2. Mothiram
(Ring) | <input type="checkbox"/> |
| 3. Muthu
(Pearl beaded appear) | <input type="checkbox"/> | 4. Aravil Mothiram
(Serpentine in ring fashion) | <input type="checkbox"/> |
| 5. Aravil Muthu
(Serpentine and Pearl patterns) | <input type="checkbox"/> | 6. Mothirathil Muthu
(Ring in pearl fashion) | <input type="checkbox"/> |
| 7. Mothirathil Aravam
(Ring in Serpentine fashion) | <input type="checkbox"/> | 8. Muthil Aravam
(Pearl in Serpentine fashion) | <input type="checkbox"/> |
| 9. Muthil Mothiram
(Pearl in ring fashion) | <input type="checkbox"/> | 10. Asathiyam
(Incurable) | <input type="checkbox"/> |
| 11. Mellena paraval
(Slow spreading) | <input type="checkbox"/> | 12.others:_____ | |



[2]. MANIKKADAI NOOL (Wrist circummetric sign) : Rt ____ fbs; Lt____fbs

[3]. IYMPORIGAL /IYMPULANGAL (Penta sensors and its modalities)

	1. Normal	2. Affected
1. Mei (skin)	<input type="checkbox"/>	<input type="checkbox"/>
2. Vaai (Mouth/ Tongue)	<input type="checkbox"/>	<input type="checkbox"/>
3. Kan (Eyes)	<input type="checkbox"/>	<input type="checkbox"/>
4. Mookku (Nose)	<input type="checkbox"/>	<input type="checkbox"/>
5. Sevi (Ears)	<input type="checkbox"/>	<input type="checkbox"/>

[4]. KANMENTHIRIYANGAL /KANMAVIDAYANGAL

(Motor machinery and its execution)

	1. Normal	2. Affected
1. Kai (Hands)	<input type="checkbox"/>	<input type="checkbox"/>
2. Kaal (Legs)	<input type="checkbox"/>	<input type="checkbox"/>
3. Vaai (Mouth)	<input type="checkbox"/>	<input type="checkbox"/>
4. Eruvai (Analepy)	<input type="checkbox"/>	<input type="checkbox"/>
5. Karuvaai (Birth canal)	<input type="checkbox"/>	<input type="checkbox"/>

[5]. YAKKAI (SOMATIC TYPES)

Sl.NO	VATHAM	PITHAM	KABAM
1.	Narrow hips and shoulder <input type="checkbox"/>	Moderate built <input type="checkbox"/>	Broad hips and shoulder <input type="checkbox"/>
2.	Dry, dark, rough, cold and wrinkled skin <input type="checkbox"/>	Soft, fair, oily, delicate with pink to red moles and pigmentation skin <input type="checkbox"/>	Oily, white, pale, moist and smooth skin <input type="checkbox"/>
3.	Dry, dark brown to black in colour. Curly hair. <input type="checkbox"/>	Fine light brown, soft, associated with premature greying hair. <input type="checkbox"/>	Oily, thick, dense, dark straight hair. <input type="checkbox"/>
4.	Small, black or brown eye. <input type="checkbox"/>	Grey or green eye. <input type="checkbox"/>	White, clear, moist eye. <input type="checkbox"/>
5.	High pitched and speech voice. <input type="checkbox"/>	Medium and sharp pitched voice. <input type="checkbox"/>	Low pitched and melodious. <input type="checkbox"/>
6.	Dry, hard stools, constipated, irregular and less in quantity. <input type="checkbox"/>	Soft,oily,loose stools and regular evacuation. <input type="checkbox"/>	Heavy solid stools and regular evacuation. <input type="checkbox"/>
7.	Restless get tired quickly. <input type="checkbox"/>	Agreessive, focused. <input type="checkbox"/>	Carm and steady. <input type="checkbox"/>
8.	Short, disturbed sleep lasting for 4-5 hours. <input type="checkbox"/>	Sound, medium disturbed lasting for 5-7 hours. <input type="checkbox"/>	Deep, restful prolonged, asy to fall a sleep lasting for 8 hours. <input type="checkbox"/>
9.	Short term memory. <input type="checkbox"/>	Good bt not prolonged memory. <input type="checkbox"/>	Long term memory. <input type="checkbox"/>
10.	Crackling sounds of joints on walking. <input type="checkbox"/>	Thin covering of bones and joints by soft tissues. <input type="checkbox"/>	Plumpy joints and limbs. <input type="checkbox"/>

RESULTANT SOMATIC TYPE: _____

[6] GUNAM

- | | | | |
|------------------|--------------------------|---------------|--------------------------|
| 1. Sathuva Gunam | <input type="checkbox"/> | 2. Rajo Gunam | <input type="checkbox"/> |
| 3. Thamo Gunam | <input type="checkbox"/> | | |

[7] KOSAM

- | | Normal | Affected |
|---|--------------------------|--------------------------|
| 1. Annamaya kosam
(7 udarthathukal) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Praanamya kosam
(Praanan+ kanmenthiriyam) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Manomaya kosam
(Manam + gnendhiriyam) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Vingnanamaya kosam
(Budhi+ gnendhiriyam) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Aanandamaya kosam
(Prana vaayu + suluthi) | <input type="checkbox"/> | <input type="checkbox"/> |

[8] UYIR THATHUKKAL

A. VALI

- | | 1. Normal | 2. Affected |
|----------------------------------|--------------------------|--------------------------|
| 1. Uyir kaal
(Praanan) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Keel nokung kaal
(Abaanan) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Nadukkaal (Samaanan) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Mel nokung kaal
(Udhanan) | <input type="checkbox"/> | <input type="checkbox"/> |

5.	Paravung kaal (Viyaanan)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Naahan	<input type="checkbox"/>	<input type="checkbox"/>
7.	Koorman	<input type="checkbox"/>	<input type="checkbox"/>
8.	Kirukaran	<input type="checkbox"/>	<input type="checkbox"/>
9.	Devathathan	<input type="checkbox"/>	<input type="checkbox"/>
10.	Dhananjeyan	<input type="checkbox"/>	<input type="checkbox"/>

B. AZHAL

		1. Normal	2. Affected
1.	Anila pittham	<input type="checkbox"/>	<input type="checkbox"/>
2.	Prasaka pittham	<input type="checkbox"/>	<input type="checkbox"/>
3.	Ranjaka pittham	<input type="checkbox"/>	<input type="checkbox"/>
4.	Aalosaka pittham	<input type="checkbox"/>	<input type="checkbox"/>
5.	Saathaka pittham	<input type="checkbox"/>	<input type="checkbox"/>

C. IYYAM

		1. Normal	2. Affected
1.	Avalambagam	<input type="checkbox"/>	<input type="checkbox"/>
2.	Kilethagam	<input type="checkbox"/>	<input type="checkbox"/>
3.	Pothagam	<input type="checkbox"/>	<input type="checkbox"/>
4.	Tharpagam	<input type="checkbox"/>	<input type="checkbox"/>
5.	Santhigam	<input type="checkbox"/>	<input type="checkbox"/>

[9] UDAL THATHUKKAL

A.SAARAM

INCREASED SAARAM (CHYLE)	DECREASED SAARAM(CHYLE)
Loss of appetite <input type="checkbox"/>	Loss weight <input type="checkbox"/>
Excessive salivation <input type="checkbox"/>	Tiredness <input type="checkbox"/>
Loss of perseverance <input type="checkbox"/>	Dryness of the skin <input type="checkbox"/>
Excessive heaviness <input type="checkbox"/>	Diminished activity of the sense organs <input type="checkbox"/>
White musculature <input type="checkbox"/>	
Cough, dyspnea, excessive sleep <input type="checkbox"/>	
Weakness in all joints of the body <input type="checkbox"/>	

SAARAM: INCREASED ☐ DECREASED ☐

B. SENNEER:

INCREASED SENNEER(BLOOD)	DECREASED SENNEER(BLOOD)
Boils in different parts of the Body <input type="checkbox"/>	Anemia <input type="checkbox"/>
Anorexia <input type="checkbox"/>	Tiredness <input type="checkbox"/>
Mental disorder <input type="checkbox"/>	Neuritis <input type="checkbox"/>
Splenomegaly <input type="checkbox"/>	Lassitude <input type="checkbox"/>
Colic pain <input type="checkbox"/>	Pallor of the body <input type="checkbox"/>
Increased pressure <input type="checkbox"/>	
Reddish eye and skin <input type="checkbox"/>	
Jaundice <input type="checkbox"/>	
Haematuria <input type="checkbox"/>	

SENNEER: INCREASED ☐ DECREASED ☐

[C]. OON

INCREASED OON (MUSCLE)	DECREASED OON (MUSCLE)
Cervical lymphadenitis <input type="checkbox"/>	Impairment of sense organs <input type="checkbox"/>
Vernical ulcer <input type="checkbox"/>	Joint pain <input type="checkbox"/>
Tumour in face ,abdomen, thigh, genitalia <input type="checkbox"/>	Jaw, thigh and genitalia gets shortened <input type="checkbox"/>
Hyper muscular in the cervical region <input type="checkbox"/>	

OON: INCREASED ☐ DECREASED ☐

D. KOZHUPPU

INCREASED KOZHUPPU (ADIPOSE TISSUE)	DECREASED KOZHUPPU (ADIPOSE TISSUE)
Cervical lymph adenitis <input type="checkbox"/>	Pain in the hip region <input type="checkbox"/>
Vernical ulcer <input type="checkbox"/>	Disease of the spleen <input type="checkbox"/>
Tumour in face, abdomen, thigh, genitalia <input type="checkbox"/>	
Hyper muscular in the cervical region <input type="checkbox"/>	
Dyspnoea <input type="checkbox"/>	
Loss of activity <input type="checkbox"/>	

KOZHUPPU: INCREASED ☐ DECREASED ☐

E. ENBU

INCREASED ENBU (BONE)	DECREASED ENBU (BONE)
Excess growth in bones and teeth <input type="checkbox"/>	Bones diseases <input type="checkbox"/>
	Loosening of teeth <input type="checkbox"/>
	Nails splitting <input type="checkbox"/>
	Falling of hair <input type="checkbox"/>

ENBU: INCREASED

☐

DECREASED

☐**F. MOOLAI**

INCREASED MOOLAI (BONE MARROW)	DECREASED MOOLAI (BONE MARROW)
Heaviness of the body <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>
Swollen eyes <input type="checkbox"/>	Sunken eyes <input type="checkbox"/>
Swollen phalanges chubby fingers <input type="checkbox"/>	
Oliguria <input type="checkbox"/>	
Non healing ulcer <input type="checkbox"/>	

MOOLAI: INCREASED

☐

DECREASED

☐

G. SUKKILAM / SURONITHAM

INCREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)	DECREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)
Infatuation and lust towards <input type="checkbox"/> women / men	Failure in reproduction <input type="checkbox"/>
Urinary calculi <input type="checkbox"/>	Pain in the genitalia <input type="checkbox"/>

SUKKILAM/SURONITHAM:

INCREASED ☐ DECREASED ☐**[10] MUKKUTRA MIGU GUNAM**

I. Vali Migu Gunam	1. Present	2. Absent
1. Emaciation	<input type="checkbox"/>	<input type="checkbox"/>
2. Complexion – blackish	<input type="checkbox"/>	<input type="checkbox"/>
3. Desire to take hot food	<input type="checkbox"/>	<input type="checkbox"/>
4. Shivering of body	<input type="checkbox"/>	<input type="checkbox"/>
5. Abdominal distension	<input type="checkbox"/>	<input type="checkbox"/>
6. Constipation	<input type="checkbox"/>	<input type="checkbox"/>
7. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
8. Weakness	<input type="checkbox"/>	<input type="checkbox"/>

9.	Defect of sense organs	<input type="checkbox"/>	<input type="checkbox"/>
10.	Giddiness	<input type="checkbox"/>	<input type="checkbox"/>
11.	Lack of interest	<input type="checkbox"/>	<input type="checkbox"/>

II.Pitham Migu Gunam		1. Present	2. Absent
1.	Yellowish discolouration of skin	<input type="checkbox"/>	<input type="checkbox"/>
2.	Yellowish discolouration of the eye	<input type="checkbox"/>	<input type="checkbox"/>
3.	Yellow coloured urine	<input type="checkbox"/>	<input type="checkbox"/>
4.	Yellow faeces	<input type="checkbox"/>	<input type="checkbox"/>
5.	Increased appetite	<input type="checkbox"/>	<input type="checkbox"/>
6.	Increased thirst	<input type="checkbox"/>	<input type="checkbox"/>
7.	Burning sensation over the body	<input type="checkbox"/>	<input type="checkbox"/>
8.	Sleep disturbance	<input type="checkbox"/>	<input type="checkbox"/>

III. Kapham migu gunam		1. Present	2. Absent
1.	Increased salivary secretion	<input type="checkbox"/>	<input type="checkbox"/>
2.	Reduced activeness	<input type="checkbox"/>	<input type="checkbox"/>
3.	Heaviness of the body	<input type="checkbox"/>	<input type="checkbox"/>

-
- | | | | |
|----|-------------------------------|--------------------------|--------------------------|
| 4. | Body colour – fair complexion | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Chillness of the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Reduced appetite | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Eraippu | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Increased sleep | <input type="checkbox"/> | <input type="checkbox"/> |

[11]. NOIUTRA KALAM

- | | | |
|----------------------------------|-------------------------------------|--------------------------------------|
| 1. Kaarkaalam
(Aug15-Oct14) | 2.Koothirkaala
(Oct15-Dec14) | 3. Munpanikaalam
(Dec15-Feb14) |
| 4.Pinpanikaalam
(Feb15-Apr14) | 5. Ilavanirkaalam
(Apr15-June14) | 6.Muthuvenirkaalam
(June15-Aug14) |

[12]. NOI UTRA NILAM

- | | | | | | |
|-------------------------------|--------------------------|-----------------------------|--------------------------|-------------------------|--------------------------|
| 1. Kurunji
(Hilly terrain) | <input type="checkbox"/> | 2. Mullai
(Forest range) | <input type="checkbox"/> | 3. Marutham
(Plains) | <input type="checkbox"/> |
| 4. Neithal
(Coastal belt) | <input type="checkbox"/> | 5. Paalai
(Aried) | <input type="checkbox"/> | | |

FORM-III
LABORATORY INVESTIGATIONS

1. O.P No: _____ Lab. No _____ Serial No _____ Date of assessment _____

2. Name: _____

3. Age: _____ years

4. Date of birth:

--	--

--	--

--	--	--	--

D D M M Y E A R

Urine Examination

5. Sugar _____ 6. Albumin _____ 7. Deposits _____

Blood

8. TC _____ Cells/cu mm

9. DC: P _____ % L _____ % E _____ % M _____ % B _____ %

10. Hb _____ gms%

11. ESR at 30 minutes _____ mm at 60 minutes _____ mm

12. Blood Sugar - (R) _____ mgs%

13. Serum Cholesterol _____ mgs %

14. Blood urea _____ mgs %

SPECIAL INVESTIGATIONS

15. CT SCAN or MRI SCAN (BRAIN)

Date:

Signature of the Doctor

GOVT SIDDHA HOSPITAL CHENNAI -106

DEPARTMENT OF PG NOI NAADAL

**AN OBSERVATIONAL STUDY ON STANDARDIZATION OF SIDDHA
DIAGNOSTIC TOOLS OF PATCHAVATHAM [HEMIPLEGIA] INCLUDING
LINE OF TREATMENT AND DIETARY REGIMEN.**

FORM IV A

INFORMED WRITTEN CONSENT FORM

Iexercising my free power of choice, hereby give my consent to be included as a subject in the diagnostic trial entitled A study on “**PATCHAVATHAM**”. I will be required to undergo all routine examinations. I may be asked to give urine and blood samples during the study.

I have been informed about the study to my satisfaction by the attending investigator and the purpose of this trial and the nature of study and the laboratory investigations. I also give my consent to publish my urine sample photographs in scientific conferences and reputed scientific journals for the betterment of clinical research (ensuring the confidentially)

I am also aware of my right to opt out of the trial at any time during the course of the trial without having to give the reasons for doing so.

Signature /thumb impression of the patient :

Date :

Name of the patient :

Signature of the investigator :

Head of the Department :

Date :

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FORM - IV-E
PATIENT INFORMATION SHEET

PURPOSE OF RESEARCH AND BENEFITS:

The diagnostic research study in which your participation is proposed to assess the diagnostic methods in Siddha methodology in "PATCHAVATHAM" patients. It is expected that you would benefit from this study. Knowledge gained from this study would be of benefit to patients suffering from such conditions for the diagnosis and prognosis.

STUDY PROCEDURE:

You will be interviewed and examined as OP and IP patients at the study centre. At the first visit the physician will conduct a brief physical examination and assess the condition followed by Envagai thervu and routine blood and urine analysis. After matching the inclusion criteria you will be included in this study and you will be examined on the basis of Envagai thervu

POSSIBLE RISK:

During this study there may be a minimum pain to you while drawing blood sample.

CONFIDENTIALITY:

Your medical records will be treated with confidentiality and will be revealed only to other doctors / scientists. The results of this study may be published in a scientific journal, but you will not be identified by your name.

YOUR PARTICIPATION AND YOUR RIGHTS:

Your participation in this study is voluntary and you may be withdrawn from this study at anytime without having to give reasons for the same. You will be informed about the findings that occur during the study. If you do agree to take part in this study, your health record will need to be made available to the investigators. If you don't wish to participate at any stage, the level of care you receive will in no way be affected.

The Ethics committee cleared the study for undertaking at OPD and IPD, AAGH, CHENNAI. Should any question arise with regards to this study you contact following person.

P.G scholar

Dr.S.ESAIVANI I Year,
Department of PG Noi Naadal
Govt Siddha medical college,
Chennai 106.
E mail:vani19391@gmail.com
Mobile no :9092511363

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 Nehi af;fz pggy wfh d XH Ma;TKi w. , j d; gadhf j qfi sg; NghdW
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 j qfS fF nj htp;f;fggl k; Nehahspad; xggj Yf;fz qf Neha;fz pgG
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 xj J i off kWj j hYk > vej epi yaYk; Nehahsp a ftdp;Fk; tjj k;
 ghj p;f;fggl khl l J. epWtd newpKi w FOkk; Nkwfz l Ma;tp d
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kpd; mOry; vani19391@gmail.com

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BIBLIOGRAPHY

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GOVERNMENT SIDDHA MEDICAL COLLEGE
Arumbakkam, Chennai-106


Communication Of The Decision Of Institutional Ethics Committee (IEC)


IEC No: GSMC-CH-ME-4/2015/022

Protocol title: A CLINICAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOLS OF PATCHAVATHAM[HEMIPLEGIA] INCLUDING LINE OF TREATMENT AND DIETARY REGIMEN. Principal Investigator: Dr.S.ESAIVANI						
Name & Address of Institution: Government Siddha Medical College, Arumbakkam, Chennai-106						
<input type="checkbox"/> New Review	<input checked="" type="checkbox"/> Revised Review	<input type="checkbox"/> Expedited Review				
Date of review (DD/MM/YY): Date of Previous Review, If Revised Application:						
Decision of the IEC <table style="width: 100%;"><tr><td style="text-align: center;"><input type="checkbox"/> Recommended</td><td style="text-align: center;"><input checked="" type="checkbox"/> Recommended with suggestions</td></tr><tr><td style="text-align: center;"><input type="checkbox"/> Revision</td><td style="text-align: center;"><input type="checkbox"/> Rejected</td></tr></table>			<input type="checkbox"/> Recommended	<input checked="" type="checkbox"/> Recommended with suggestions	<input type="checkbox"/> Revision	<input type="checkbox"/> Rejected
<input type="checkbox"/> Recommended	<input checked="" type="checkbox"/> Recommended with suggestions					
<input type="checkbox"/> Revision	<input type="checkbox"/> Rejected					
Suggestions / Reasons / Remarks: 1.To change the title as observational study instead of clinical study. 2.To see Neikuri only on the first visit.						
Recommended for a period of 2 years						

Please Note:

- Inform IEC immediately in case of any adverse events/serious drug reaction.
- Seek IEC approval in case of any change in the study procedure, site and investigator
- This approval is valid only for period mentioned above
- IEC member have the right to review the trial with prior intimation.


Dr.P.Jeyaprakashnarayanan
Chairman


Dr.V.Banumathi
Member Secretary



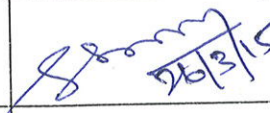


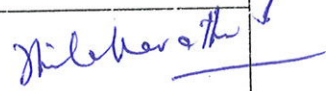


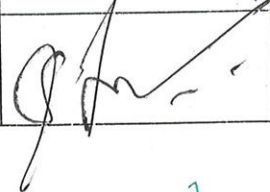
INSTITUTIONAL ETHICS COMMITTEE


Date: 26-3-2015


Sub: IEC review of research

proposals.

Ref: Your letter dated

MEMBERS	PARTICIPATION	SIGNATURE
DR.P.JEYAPRAKASH NARAYANAN M.D(S)., Chairman	<input checked="" type="checkbox"/>	
DR.V.BANUMATHI M.D(S)., Member Secretary	<input checked="" type="checkbox"/>	
DR.N.KABILAN M.D(S)., Clinician- Siddha	<input checked="" type="checkbox"/>	
DR.P.SATHIYA RAJESWARAN M.D(S)., Clinician- Siddha	<input checked="" type="checkbox"/>	
DR.G.AADINAAATH REDDY ,M.Pharm, Ph.D., Pharmacologist	<input checked="" type="checkbox"/>	
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DR.P.VIDYA M.B.B.S., DMRD., Modern Medicine Expert	<input checked="" type="checkbox"/>	
MR.P.SARAVANAN., Puplic Person	<input checked="" type="checkbox"/>	


Dr.P.Jeyaprakashnarayanan
Chairman


Dr.V.Banumathi
Member Secretary



The Tamil Nadu Dr.M.G.R.Medical University

69,Anna Salai,Guindy,Chennai - 600 032.

This Certificate is awarded to Dr/Mr/Mrs.....*S....Esaivani*.....

for participating as ~~Resource Person~~ / Delegate in the Nineteenth Workshop on

“ RESEARCH METHODOLOGY & BIOSTATISTICS ”

For AYUSH Post Graduates & Researchers

Organized by the Department of Siddha

The Tamil Nadu Dr. M.G.R. Medical University from 07th to 11th September 2015.


Dr.N.KABILAN, M.D.(Siddha)
READER,DEPT.OF SIDDHA


Prof. **Dr.P.ARUMUGAM,** M.D.,
REGISTRAR I/C


Prof. **Dr.D.SHANTHARAM,** M.D., D.Diab.,
VICE CHANCELLOR



Sri Jayendra Saraswathi Ayurveda College and Hospital

(Dept. of Ayurveda of Sri Chandrasekharendra Saraswathi Viswa Mahavidyalaya)

(Deemed to be University under Sec 3 of the UGC Act 1956)

Nazarathpet, Chennai 600123. Thiruvallur District, Tamil Nadu

NATIONAL WORKSHOP ON NADI PARIKSHA (PULSE DIAGNOSIS)

This is to certify that

Dr. S. ESAIVANT

*has participated as a resource person in the two day workshop on Nadi Pariksha
(Pulse Diagnosis) conducted at Sri Jayendra Saraswathi Ayurveda College and Hospital
on 28th & 29th April 2017*


Dr. Ramadas Maganti
Convenor & Principal



Varmaniam Foundation

(Reg. No.: 202/2008)

Navabavyan Building, Kombavilai, Kanyakumari Dist. - 629 701

National Workshop on

“Varmam Treatment for Nervous Diseases Affecting Panchenthriyangal”

Certificate

This is to certify that Dr. **S. ESAIVANI** Bearing
Reg. No. **4406** Registered with **TAMILNADU** **SIADHA** Medical
Council has participated in the National Workshop on **“Varmam Treatment for
Nervous Diseases Affecting Panchenthriyangal”** organised by the
Varmaniam Foundation on 27th & 28th August 2016 at Arumbakkam, Chennai.

Date : 28th August 2016



Director

S. Arjunan
(Dr. S. Arjunan)



The Tamil Nadu Dr. M.G.R. Medical University

#69, Anna salai, Guindy, Chennai-600 032.

This certificate is awarded to

Dr./Mr./Ms. **S. ESAIVANI**

for participating as ~~Resource Person~~ / Delegate in the First Workshop on

"Pre-clinical Studies in Research"

for Faculties & PG students of ASU Systems

Organised by the Department of Siddha,

The Tamil Nadu Dr. M.G.R. Medical University on 16.12.2014


Dr. N. KABILAN M.D. (Siddha)
Reader, Dept. of Siddha


Dr. JHANSI CHARLES, M.D.
Registrar


Prof. Dr. D. SHANTHARAM, M.D., D.Diab.,
Vice-Chancellor